## Application for a Permit to Use

For Department Use: App. Number:

## **Surface Water**

## RECEIVED JAN 20 2023



 $O\ R\ E\ G\ O\ N \qquad \text{Oregon Water Resources Department}$ 

**OWRD** 

|       | 725 Summer Street NE, Suite A |
|-------|-------------------------------|
|       | Salem, Oregon 97301-1266      |
| FRCES | 503-986-0900                  |
| ENT   | www.oregon.gov/OWRD           |
|       |                               |

| Applicant                                                                                                                                                                                                            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | anong here's                                  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------|--|--|--|
| NAME                                                                                                                                                                                                                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | PHONE (HM)                                    |  |  |  |
| STEVEN R. & MICHELLE L. DIAS                                                                                                                                                                                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | 619-246-7790                                  |  |  |  |
| PHONE (WK) (619) 246-7799                                                                                                                                                                                            | CELL           | (619)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 246-7798              | FAX                                           |  |  |  |
| ADDRESS 11689 EASTFIELD RD.                                                                                                                                                                                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                               |  |  |  |
| CITY                                                                                                                                                                                                                 | STATE          | ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | E-MAIL *              |                                               |  |  |  |
| Poway                                                                                                                                                                                                                | CA             | 92064                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STEVEN R              | DIASO ME, COM                                 |  |  |  |
| Organization                                                                                                                                                                                                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                               |  |  |  |
| NAME                                                                                                                                                                                                                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PHONE                 | FAX                                           |  |  |  |
| ADDRESS                                                                                                                                                                                                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | CELL                                          |  |  |  |
| CITY                                                                                                                                                                                                                 | STATE          | ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | E-MAIL *              |                                               |  |  |  |
| <b>Agent –</b> The agent is authorized to represe                                                                                                                                                                    | nt the appli   | cant in all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | matters relating to t | this application.                             |  |  |  |
| AGENT / BUSINESS NAME                                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | 195 FAX                                       |  |  |  |
| JORDAN ENGINEERI                                                                                                                                                                                                     | NG PCL         | AY JOILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       | 541-673-193                                   |  |  |  |
| ADDRESS 460 JORDAN LANE                                                                                                                                                                                              | 100            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | CELL 541 - 430-692                            |  |  |  |
| CITY ROSERSURG                                                                                                                                                                                                       | STATE          | 21P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | VOINEGE (W ZOHO. COM                          |  |  |  |
| Note: Attach multiple copies as needed NORM THE WATER BUY & CHARTER NET C                                                                                                                                            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                               |  |  |  |
| By providing an e-mail address, conse                                                                                                                                                                                | nt is given    | to receive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | all corresponden      | ce from the Department                        |  |  |  |
| electronically. (Paper copies of the pro-                                                                                                                                                                            | oposed an      | d final ord                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | der documents wil     | l also be mailed.)                            |  |  |  |
|                                                                                                                                                                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                               |  |  |  |
| By my signature below I confirm that I                                                                                                                                                                               |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P                     |                                               |  |  |  |
| I am asking to use water specifically  Translation of this application will be                                                                                                                                       |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5.5                   |                                               |  |  |  |
| Evaluation of this application will be     I cannot legally use water until the                                                                                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | **************************************        |  |  |  |
| I cannot legally use water until the     The Department encourages all and                                                                                                                                           |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | rmit.<br>Defore beginning construction of any |  |  |  |
| proposed diversion. Acceptance of                                                                                                                                                                                    |                | The second secon |                       |                                               |  |  |  |
|                                                                                                                                                                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                               |  |  |  |
| <ul> <li>If I begin construction prior to the issuance of a permit, I assume all risks associated with my actions.</li> <li>If I receive a permit, I must not waste water.</li> </ul>                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                               |  |  |  |
| If development of the water use is                                                                                                                                                                                   |                | ng to the t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | erms of the nermit    | the permit can be cancelled                   |  |  |  |
|                                                                                                                                                                                                                      |                | 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | 8                                             |  |  |  |
| <ul> <li>The water use must be compatible with local comprehensive land use plans.</li> <li>Even if the Department issues a permit, I may have to stop using water to allow senior water right holders to</li> </ul> |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                               |  |  |  |
| receive water to which they are en                                                                                                                                                                                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 35Datc. to un         |                                               |  |  |  |
|                                                                                                                                                                                                                      |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                               |  |  |  |
| I (we) affirm that the information co                                                                                                                                                                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ication is true and   | accurate                                      |  |  |  |
| 11 1 1 1 1 1                                                                                                                                                                                                         | IR. Dans       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | 73                                            |  |  |  |
| Applicant Signature Print Na                                                                                                                                                                                         | me and Title   | o if applica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | hla Data              |                                               |  |  |  |
| Applicant signature                                                                                                                                                                                                  | ille allu Illi | e ii appiica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Die Date              |                                               |  |  |  |
| My las MICHE                                                                                                                                                                                                         | Me and Title   | ns TRU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ISPEC 1/10/2          | 023                                           |  |  |  |

### SECTION 2: PROPERTY OWNERSHIP

| Please indicate if you own all the lands associated with th conveyed, and used.                                                                                                                                                                            | ie project from which the water is to be d                                                                                 | iverted,     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------|
|                                                                                                                                                                                                                                                            |                                                                                                                            | RECEIVED     |
| YES, there are no encumbrances.  YES, the land is encumbered by easements, rights of vectors.                                                                                                                                                              | way, roads or other encumbrances.                                                                                          | JAN 2 0 2023 |
| NO, I have a recorded easement or written authorization or easement. NO, I do not currently have written authorization or easement is not necestate-owned submersible lands, and this application in NO, because water is to be diverted, conveyed, and/or | easement permitting access.<br>essary, because the only affected lands I d<br>is for irrigation and/or domestic use only ( |              |
| Affected Landowners:List the names and mailing address applicant and that are crossed by the proposed ditch, can written authorization or an easement from the owner. (A                                                                                   | nal or other work, even if the applicant ha                                                                                |              |
| <b>Legal Description:</b> You must provide the legal description diverted, 2. Any property crossed by the proposed ditch, water is to be used as depicted on the map.                                                                                      |                                                                                                                            |              |
| SECTION 3: SOURCE OF WATER                                                                                                                                                                                                                                 |                                                                                                                            |              |
| A. Proposed Source of Water                                                                                                                                                                                                                                |                                                                                                                            |              |
| Provide the commonly used name of the water body from stream or lake it flows into (if unnamed, say so), and the                                                                                                                                           |                                                                                                                            |              |
| Source 1: North Umpqua River                                                                                                                                                                                                                               | Tributary to:Umpqua River                                                                                                  |              |
| TRSQQ of POD: 26S R4W Sec. 15, SE-NE                                                                                                                                                                                                                       |                                                                                                                            |              |
| Source 2:                                                                                                                                                                                                                                                  | Tributary to:                                                                                                              |              |
| TRSQQ of POD:                                                                                                                                                                                                                                              |                                                                                                                            |              |
| If any source listed above is stored water that is authorize attach a copy of the document or list the document numbers.                                                                                                                                   |                                                                                                                            |              |

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# RECEIVED JAN 20 2023

#### **B.** Applications to Use Stored Water

| Do you, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | will you, own the reservoir(s) described in Section3A above?                                                                                                                                                                                                                                                                        | OWRD           |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|--|--|
| ☐Yes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | No. (Enclose a copy of your written notification to the operator of the reservoir of your file this application, which should have been mailed or delivered to the operator.)                                                                                                                                                       | our intent to  |  |  |  |
| expedited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es listed in Section 3A are stored water, the Department will review your application usi process provided in ORS 537.147, unless you check the box below. Please see the instrunformation.                                                                                                                                         |                |  |  |  |
| proces                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | cking this box, you are requesting that the Department process your application under the ss outlined in ORS 537.150 and 537.153, rather than the expedited process provided by 6 an application under the standard process, you must enclose the following:                                                                        |                |  |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A copy of a signed non-expired contract or other agreement with the owner of the res you) to impound the volume of water you propose to use in this application.                                                                                                                                                                    | ervoir (if not |  |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A copy of your written agreement with the party (if any) delivering the water from the you.                                                                                                                                                                                                                                         | reservoir to   |  |  |  |
| SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4: SENSITIVE, THREATENED OR ENDANGERED FISH SPECIES PUBLIC INTEREST IN                                                                                                                                                                                                                                                              | FORMATION      |  |  |  |
| This information must be provided for your application to be accepted as complete. TheWater Resources Department will determine whether the proposed use will impair or be detrimental to the public interest with regard to sensitive, threatened or endangered fish species.                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                     |                |  |  |  |
| To answer the following questions, use the map provided in <u>Attachment 3</u> or the linkbelow to determine whether the proposed point of diversion (POD) is located in an area where the Upper Columbia, the Lower Columbia, and/or the Statewidepublic interest rules apply.                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                     |                |  |  |  |
| click on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | For more detailed information, click on the following link and enter the T,R,S,QQ or the Lat/Long of a POD and click on "Submit" to retrieve a report that will show which section, if any, of the rules apply: <a href="https://apps.wrd.state.or.us/apps/misc/lkp">https://apps.wrd.state.or.us/apps/misc/lkp</a> trsqq features/ |                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | eed help to determine in which area the proposed POD is located, please call the custom (503) 986-0900.                                                                                                                                                                                                                             | er service     |  |  |  |
| Upper Col                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | umbia - OAR 690-033-0115 thru -0130                                                                                                                                                                                                                                                                                                 |                |  |  |  |
| Is the POD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | located in an area where the Upper Columbia Rules apply?                                                                                                                                                                                                                                                                            |                |  |  |  |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | No                                                                                                                                                                                                                                                                                                                                  |                |  |  |  |
| If yes, you are notified that the Water Resources Department will consult with numerous federal, state, local and tribal governmental entities so it may determine whether the proposed use is consistent with the "Columbia River Basin Fish and Wildlife Program" adopted by the Northwest Power Planning Council in 1994 for the protection and recovery of listed fish species. The application may be denied, heavily conditioned, or if appropriate, mitigation for impacts may be needed to obtain approval for the proposed use. |                                                                                                                                                                                                                                                                                                                                     |                |  |  |  |

#### If yes,

- I understand that the proposed use does <u>not</u> involve appropriation of direct streamflow during the time period April 15 to September 30, <u>except as provided in OAR 690-033-0140</u>.
- I understand that I will install, operate and maintain afish screen and fish passage as listed in ORS
  498.301 through 498.346, and 509.580 through 509.910, to the specifications and extent required by
  Oregon Department of Fish and Wildlife, prior to diversion of water under any permit issued pursuant to
  this application.
- I understand that the Oregon Department of Environmental Quality will review my application to determine if the proposed use complies with existing state and federal water quality standards.
- I understand that I will install and maintain water use measurement and recording devices as required by the Water Resources Department, and comply with recording and reporting permit condition requirements.

| <u>Lower Columbia - OAR 690-033-0220 thru -0230</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Is the POD located in an area where the Lower Columbia rules apply?                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |
| Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |
| If yes, you are notified that that the Water Resources Department will determine, by reviewing recover the Columbia River Basin Fish and Wildlife Program, and regional restoration programs applicable to or endangered fish species, in coordination with state and federal agencies, as appropriate, whether proposed use is detrimental to the protection or recovery of a threatened or endangered fish species whether the use can be conditioned or mitigated to avoid the detriment.                                   | threatened<br>the       |
| If a permit is issued, it will likely contain conditions to ensure the water use complies with existing stafederal water quality standards; and water use measurement, recording and reporting required by the Resources Department. The application may be denied, or if appropriate, mitigation for impacts may to obtain approval of the proposed use.                                                                                                                                                                      | e Water                 |
| <b>If yes, provide the following information</b> (the information must be provided with the application to be considered complete).                                                                                                                                                                                                                                                                                                                                                                                            | ре                      |
| Yes No The proposed use is for more than <b>one</b> cubic foot per second (448.8 gpm) and is not the requirements of OAR 690, Division 86 (Water Management and Conservation Plans).                                                                                                                                                                                                                                                                                                                                           | subject to              |
| If yes, provide a description of the measures to be taken to assure reasonably efficient water                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |
| use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RECEIVED                |
| J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | IAN 20 2023             |
| Statewide - OAR 690-033-0330 thru -0340                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OWRD                    |
| Is the POD located in an area where the Statewide rules apply?                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OWND                    |
| ∑ Yes ☐ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |
| If yes, the Water Resources Department will determine whether the proposed use will occur in an are endangered, threatened or sensitive fish species are located. If so, the Water Resources Department, Department of Fish and Wildlife, Department of Environmental Quality, and the Department of Agricu recommend conditions required to achieve "no loss of essential habitat of threatened and endangered fish species," or "no net loss of essential habitat of sensitive (S) fish species." If conditions cannot be in | ulture will<br>ed (T&E) |

that meet the standards of no loss of essential T & E fish habitat or no net loss of essential S fish habitat, the agencies will recommend denial of the application unless they conclude that the proposed use would not harm

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For Department Use: App. Number: \_\_\_\_\_

the species.

#### **SECTION 5: WATER USE**

Provide the amount of water you propose to use from each source, for each use, in cubic feet-per-second (cfs) or gallons-per-minute (gpm). If the proposed use is from storage, provide the amount in acre-feet (af):

(1 cfs equals 448.8 gpm. 1 acre-foot equals 325,851 gallons or 43,560 cubic feet)

| SOURCE                                                                                                     | USE                   | PERIOD OF USE | AMOUNT              |  |  |  |
|------------------------------------------------------------------------------------------------------------|-----------------------|---------------|---------------------|--|--|--|
| North Umpqua River                                                                                         | Domestic Expanded (2) | Year Round    | 0.02⊠ cfs□ gpm □ af |  |  |  |
|                                                                                                            |                       |               | cfs gpm af          |  |  |  |
|                                                                                                            |                       |               | cfs gpm af          |  |  |  |
|                                                                                                            |                       |               |                     |  |  |  |
| Please indicate the number of primary, supplemental and/or nursery acres to be irrigated.                  |                       |               |                     |  |  |  |
| Primary: Acres Supplemental: Acres Nursery Use: Acres                                                      |                       |               |                     |  |  |  |
| If supplemental acres are listed, provide the Permit or Certificate number of the underlying primary water |                       |               |                     |  |  |  |
| right(s):                                                                                                  |                       |               |                     |  |  |  |
| Indicate the maximum total number of acre-feet you expect to use in an irrigation season:                  |                       |               |                     |  |  |  |

- If the use is municipal or quasi-municipal, attach Form M
- If the use is domestic, indicate the number of households: 2
- If the use is mining, describe what is being mined and the method(s) of extraction: 2

#### **SECTION 6: WATER MANAGEMENT**

| A. | and the control of th | RECEIVED      |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
|    | What equipment will you use to pump water from your source?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | JAN 20 2023   |
|    | Pump (give horsepower and type): 2 submersible pumps ±2 HP  Other means (describe):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OWRD          |
|    | Provide a description of the proposed means of diversion, construction, and operation of the diand conveyance of water.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | version works |
|    | Diversion via submersible pumps. Water will be pumped and piped to residences as needed. Construction will be to bury pipes and construct treatment facilities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |

### B. Application Method

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler)

#### C. Conservation

Please describe why the amount of water requested is needed and measures you propose to: prevent waste; measure the amount of water diverted; prevent damage to public uses of affected surface waters.

These will be closed systems with no waste. Small storage tanks & pressurized treatment systems proposed. .01 for each residence is allowed. Both systems will be metered.

|                                  | Surface Water — Page 5 |
|----------------------------------|------------------------|
| For Department Use: App. Number: | Rev. 07/21             |

| SECTION 7: RESOURCE PROTECTION                                                                                                                                                                                                                                                                                                                                                                       |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| In granting permission to use water from a stream or lake, the state encourages, and in some instances careful control of activities that may affect the waterway or streamside area. See instruction guide for a possible permit requirements from other agencies. Please indicate any of the practices you plan to underprotect water resources:                                                   | list of              |
| Diversion will be screened per ODFW specifications in ORS 498.301 through 498.346 to prevent upta-<br>fish and other aquatic life. Describe planned actions: approved fish screen                                                                                                                                                                                                                    | ake of               |
| Excavation or clearing of banks will be kept to a minimum to protect riparian or streamside areas.  Note:If disturbed area is more than one acre, applicant should contact the Department of Environm Quality to determine if a 1200C permit is required.  Describe planned actions and additional permits required for project implementation: No riparian disturbance or bank clearing anticipated | ental                |
| Operating equipment in a water body will be managed and timed to prevent damage to aquatic life.<br>Describeplanned actions and additional permits required for project implementation: No equipmen water                                                                                                                                                                                            |                      |
| Water quality will be protected by preventing erosion and run-off of waste or chemical products.  Describe planned actions: There will be no runoff as they are closed pressurized systems for domest                                                                                                                                                                                                | tic use.             |
| List other federal and state permits or contracts to be obtained, if a water right permit is granted. none                                                                                                                                                                                                                                                                                           |                      |
| SECTION8: PROJECT SCHEDULE                                                                                                                                                                                                                                                                                                                                                                           | RECEIVED             |
| <ul><li>a) Date construction will begin: As soon as permit issued</li><li>b) Date construction will be completed: Up to 5 years</li><li>c) Date beneficial water use will begin: Up to 5 years</li></ul>                                                                                                                                                                                             | JAN 2 0 2023<br>OWRD |
| SECTION O. WITHIN A DISTRICT                                                                                                                                                                                                                                                                                                                                                                         | A FIREST             |

## SECTION10: REMARKS

For Department Use: App. Number: \_

water district.

**Irrigation District Name** 

City

Use this space to clarify any information you have provided in the application.(Attach additional sheets if necessary). Two separate systems are proposed with separate diversions

Check here if the point of diversion or place of use are located within or are served by an irrigation or other

Address

State

| Surface | Water | — Page 6   |
|---------|-------|------------|
|         |       | Rev. 07/21 |

Zip

## **Minimum Requirements Checklist**

Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.140)

## Include this checklist with the application

**Check that each of the following items is included.** The application <u>will</u> be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

Please submit the original application and signatures to the Water Resources Department. Applicants are encouraged to keep a copy of the completed application.

| X           | SECTION     | 1: Applicant Information and Signature                                                                                                                                                                 |              |
|-------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| $\times$    | SECTION     | 2: Property Ownership                                                                                                                                                                                  |              |
| X           | SECTION     | 3: Source of Water                                                                                                                                                                                     |              |
| $\times$    | SECTION     |                                                                                                                                                                                                        |              |
| $\boxtimes$ | SECTION     | 200 0 000 000 000 000 000 000 000 000 0                                                                                                                                                                |              |
|             | SECTION     |                                                                                                                                                                                                        |              |
| $\times$    | SECTION     | 10: Remarks                                                                                                                                                                                            |              |
|             |             |                                                                                                                                                                                                        |              |
| nc          | lude the fo | ollowing additional items:                                                                                                                                                                             |              |
|             |             |                                                                                                                                                                                                        |              |
| $\triangle$ | or signed   | Information Form with approval and signature of local planning department (must be ar receipt.                                                                                                         | n original)  |
| $\boxtimes$ | crossed b   | ne legal description of: (1) the property from which the water is to be diverted, (2) any p<br>y the proposed ditch, canal or other work, and (3) any property on which the water is to<br>on the map. |              |
| X           | Fees - Am   | ount enclosed: \$2,520                                                                                                                                                                                 |              |
|             |             | epartment's Fee Schedule at www.oregon.gov/owrdor call (503) 986-0900.                                                                                                                                 |              |
| X           |             | includes the following items:                                                                                                                                                                          |              |
| $\triangle$ | wap that    | includes the following items.                                                                                                                                                                          | RECEIVED     |
|             | $\boxtimes$ | Permanent quality and drawn in ink                                                                                                                                                                     | ILOLIVE      |
|             | $\boxtimes$ | Even map scale not less than 4" = 1 mile (example: 1" = 400 ft, 1" = 1320 ft, etc.)                                                                                                                    | JAN 20 2023  |
|             | $\boxtimes$ | North Directional Symbol                                                                                                                                                                               | OWRD         |
|             | $\boxtimes$ | Township, Range, Section, Quarter/Quarter, Tax Lots                                                                                                                                                    | OVAILD       |
|             | $\boxtimes$ | Reference corner on map                                                                                                                                                                                |              |
|             | $\boxtimes$ | Location of each diversion, by reference to a recognized public land survey corner (distanorth/south and east/west)                                                                                    | inces        |
|             | $\boxtimes$ | Indicate the area of use by Quarter/Quarter and tax lot identified clearly.                                                                                                                            |              |
|             |             | Number of acres per Quarter/Quarter and hatching to indicate area of use if for primary supplemental irrigation, or nursery                                                                            | rirrigation, |
|             | $\boxtimes$ | Location of main canals, ditches, pipelines or flumes (if well is outside of the area of use                                                                                                           | )            |
|             |             |                                                                                                                                                                                                        |              |

For Department Use: App. Number: \_\_\_\_\_ Surface Water — Page 7

Rev. 07/21

## Water-Use Permit Application Processing

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JAN 20 2023

#### OWRD

#### 1. Completeness Determination

The Department evaluates whether the application and accompanying map contain all of the information required under OAR 690-310-0040 and OAR 690-310-0050. The Department also determines whether the proposed use is prohibited by statute. If the Department determines that the application is incomplete, all fees have not been paid, or the use is prohibited by statute, the application and all fees submitted are returned to the applicant.

#### 2.Initial Review

The Department reviews the application to determine whether water is available during the period requested, whether the proposed use is restricted or limited by rule or statute, and whether other issues may preclude approval of or restrict the proposed use. An Initial Review (IR) containing preliminary determinations is mailed to the applicant. The applicant has 14 days from the mailing date to withdraw the application from further processing and receive a refund of all fees paid minus \$310. The applicant may put the application on hold for up to 180 days and may request additional time if necessary.

#### 3. Public Notice

Within 7 days of the mailing of the initial review, the Department gives <u>public notice</u> of the application in the weekly notice published by the Department at <u>www.oregon.gov/owrd</u>. The public comment period is 30 days from publication in the weekly notice.

#### 4. Proposed Final Order Issued

The Department reviews any comments received, including comments from other state agencies related to the protection of sensitive, threatened or endangered fish species. Within 60 days of completion of the IR, the Department issues a Proposed Final Order (PFO) explaining the proposed decision to deny or approve the application. A PFO proposing approval of an application will include a draft permit, and may request additional information or outstanding fees required prior to permit issuance.

#### 5. Public Notice

Within 7 days of issuing the PFO, the Department gives public notice in the weekly notice. Notice includes information about the application and the PFO. Protest must be received by the Department within 45 days after publication of the PFO in the weekly notice. Anyone may file a protest. The protest filing fee is \$480.00 for the applicant and \$950.00 for non-applicants. Protests are filed on approximately 10 percent of Proposed Final Orders. If a protest is filed the Department will attempt to settle the protest but will schedule a contested case hearing if necessary.

#### 6. Final Order Issued

If no protests are filed, the Department can issue a Final Order within 60 days of the close of the period for receiving protest. If the application is approved, a permit is issued. The permit specifies the details of the authorized use and any terms, limitations or conditions that the Department deems appropriate

Surface Water — Page 8 Rev. 07/21

## Land Use Information Form



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

### 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 groundwater registration modification, <u>and all</u> of the following apply:
  - 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.

RECEIVED

JAN 2 0 2023

**OWRD** 

### 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 503-986-0900.

## **Land Use** Information Form



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

503-986-0900 www.oregon.gov/OWRD

#### **Applicant**

| NAME                         |       |       |              | PHONE (HM)   |  |  |
|------------------------------|-------|-------|--------------|--------------|--|--|
| STEVEN R. & MICHELLE L. DIAS |       |       |              | 619-246-7790 |  |  |
| PHONE (WK)                   | CELL  | 71 -> |              | FAX          |  |  |
| (619) 246-7790               |       | 619)2 | 46-7790      |              |  |  |
| ADDRESS                      |       |       |              |              |  |  |
| 11689 EASTFIELD RD.          |       |       |              |              |  |  |
| CITY                         | STATE | ZIP   | E-MAIL*      |              |  |  |
| Poway                        | CA    | 92064 | STENON R DIM | S@ME. Com    |  |  |

#### A. Land and Location

**DOUGLAS** 

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 | Y4 Y4   | Tax Lot # | Plan Designation (e.g.,<br>Rural Residential/RR-5) |          | Water to be: |           | Proposed<br>Land Use: |
|----------|-------|---------|---------|-----------|----------------------------------------------------|----------|--------------|-----------|-----------------------|
| 265      | 4W    | 10      | SE-SE   | 100       |                                                    | Diverted | Conveyed     | ⊠<br>Used | Domestic<br>Water use |
| 26S      | 4W    | 15      | E1/2-NE | 100       |                                                    | Diverted | Conveyed     | ⊠<br>Used | Domestic<br>Water use |
|          |       |         |         |           |                                                    | Diverted | Conveyed     | Used      |                       |

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

RECEIVED

JAN 2 0 2023

RD

| B. Description of Proposed Use                                                             | OW                                                            |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Type of application to be filed with the Water Resources Dep  Permit to Use or Store Water | Permit Amendment or Groundwater Registration Modification     |
| Source of water: Reservoir/Pond Groundwater                                                | Surface Water (name)NORTH UMPQUA RIVER                        |
| Estimated quantity of water needed: 0.02                                                   | ☑ cubic feet per second ☐ gallons per minute ☐ acre-feet      |
| Intended use of water:                                                                     | ☐ Industrial ☐ Domestic for 2 household(s) ☐ Instream ☐ Other |
| Briefly describe:                                                                          |                                                               |
| We are securing a reliable and potable (with treatment) sour                               | ce of water                                                   |
|                                                                                            | - Pa                                                          |

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.

## 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 a                                                                                                                                            | nd provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the requested informa                                           | <u>tion</u>                    |                                                                                                                   |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|
| Land uses to be served by the proposed water regulated by your comprehensive plan. Cite                                                                                             | er uses (inclo<br>applicable o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | uding proposed construction ordinance section(s):               | on) are allow                  | ed outright or are no<br>ΣΕΛΙΜ 3.3. ΟΘ                                                                            | b           |
| Land uses to be served by the proposed water approvals as listed in the table below. (Pleas already been obtained. Record of Action/lan have been obtained but all appeal periods I | e attach do<br>d use decisi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | cumentation of applicable on and accompanying find              | land use app<br>lings are suff | provals which have                                                                                                |             |
| Type of Land Use Approval Needed<br>(e.g., plan amendments, rezones,<br>conditional-use permits, etc.)                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | st Significant, Applicable Plan<br>Ordinance Section References | Land Use Approval:             |                                                                                                                   |             |
|                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | ☐ Obtained ☐ Denied            | ☐ Being Pursued ☐ Not Being Pursued                                                                               |             |
|                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | Obtained Denied                | ☐ Being Pursued ☐ Not Being Pursued                                                                               |             |
|                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | ☐ Obtained ☐ Denied            | ☐ Being Pursued ☐ Not Being Pursued                                                                               |             |
|                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | ☐ Obtained ☐ Denied            | ☐ Being Pursued ☐ Not Being Pursued                                                                               |             |
|                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ÷                                                               | ☐ Obtained ☐ Denied            | ☐ Being Pursued ☐ Not Being Pursued                                                                               |             |
| Local governments are invited to express special Department regarding this proposed use of wat 11,36 AC - R42096 & R                                                                | al land use control lan | i on a separate sneet.                                          | ROOM                           | THE WATER BESTEPAR<br>DUNTY PLANNING DEPAR<br>I 106, JUSTICE BUILDING<br>AS COUNTY COURTHOUS<br>OSEBURG, OR 97470 | i           |
| NAME LISA Hawley                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | TITLE:                         | or Planner                                                                                                        |             |
| SIGNATURE Hauly                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PHONE:<br>541-440-4289                                          | DATE:                          | 11/2023                                                                                                           |             |
| Couglas County                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                |                                                                                                                   |             |
| Note to local government representative:Pleas<br>you sign the receipt, you will have 30 days from<br>Use Information Form or WRD may presume th                                     | the Water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Resources Department's n                                        | otice date to                  | return the complete                                                                                               | d Land      |
| comprehensive plans.                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                | REC                                                                                                               | <b>214</b>  |
|                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | for Land Use Informat                                           | <u>tion</u>                    | JAN 2                                                                                                             | 0 202       |
| Applicant name:                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                |                                                                                                                   | <b>∀</b> RD |
| City or County:                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Staff contact:                                                  | _ 31                           |                                                                                                                   | -           |

For more detailed information, click on the following link and enter the TRSQQ or the Lat/Long of a POD and click on "Submit" to retrieve a report that will show which section, if any, of the Division 33 rules apply: <a href="https://apps.wrd.state.or.us/apps/misc/lkp">https://apps.wrd.state.or.us/apps/misc/lkp</a> trsqq features/

Douglas County Official Records Daniel J. Loomis, County Clerk 2022-017494

11/17/2022 10:24:02 AM

DEED-WD Cnt=1 Stn=40 JLGOODWI \$20.00 \$11.00 \$10.00 \$60.00

\$101.00

## DOUGLAS COUNTY CLERK, OREGON



JAN 2 0 2023 OWRD

# CERTIFICATE PAGE

IAW ORS 205.180

DO NOT REMOVE THIS PAGE FROM ORIGINAL DOCUMENT

THIS PAGE MUST BE INCLUDED IF DOCUMENT IS RE-RECORDED



| Title:<br>Escrow: | 4004608     | Doc: _ | WD |
|-------------------|-------------|--------|----|
|                   | armstrong - | Avas   |    |



After recording return to: Dias Family Trust 11689 Eastfield Rd Poway, CA 92064

Until a change is requested all tax statements shall be sent to the following address: Dias Family Trust 11689 Eastfield Rd Poway, CA 92064

File No.: 7391-4007608 (sj) Date: October 17, 2022 THIS SPACE RESERVED FOR RECORDER'S USE

JAN 20 2023 OWRD

#### STATUTORY WARRANTY DEED

Robert Michael Armstrong and Kathleen K. Armstrong, Grantor, conveys and warrants to Steven R. Dias and Michelle L. Dias, Trustees of the Dias Family Trust dates February 15, 2013, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

**LEGAL DESCRIPTION:** Real property in the County of Douglas, State of Oregon, described as follows:

PARCEL 1 OF LAND PARTITION PLAT NO. 1991-0060, AS RECORDED IN "RECORD OF PARTITION PLATS", RECORDS OF DOUGLAS COUNTY, OREGON.

#### Subject to:

- Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.
- 2. The 2022-2023 Taxes, a lien not yet payable.

The true consideration for this conveyance is \$800,000.00. (Here comply with requirements of ORS 93.030)

1114

File No.: 7391-4007608 (sj)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

| Dated this _                       | 15 day of NOV                                  | EMI       | BER                            | , 20 22.                  | 1. aux |
|------------------------------------|------------------------------------------------|-----------|--------------------------------|---------------------------|--------|
| Robert M. Ar                       | rmstrong                                       |           |                                | Kathreen K. Arm           | strong |
|                                    |                                                |           |                                |                           |        |
|                                    |                                                |           |                                |                           |        |
| STATE OF                           | Oregon                                         | )<br>)ss. |                                |                           |        |
| County of                          | Douglas ·                                      | )         |                                |                           |        |
| This instrum<br>by <b>Robert !</b> | ent was acknowledged l<br>M. Armstrong and Kat | oefore r  | ne on this<br>K. Armstrong     | day of                    | , 20   |
|                                    | 81                                             |           |                                |                           |        |
| ACK                                | JOW UE O GME<br>ACT ACHED                      | 77        | Notary Public<br>My commission | for Oregon<br>on expires: |        |

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#### ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

County of SAN WIS OBISPO On 11/15/2022 before me, BRETT TO DEW, no tay public, (insert name and title of the officer)

personally appeared <u>ROBERT M. ARMSTRONG AND LATHLEEN K. MRMSTRONG</u> who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

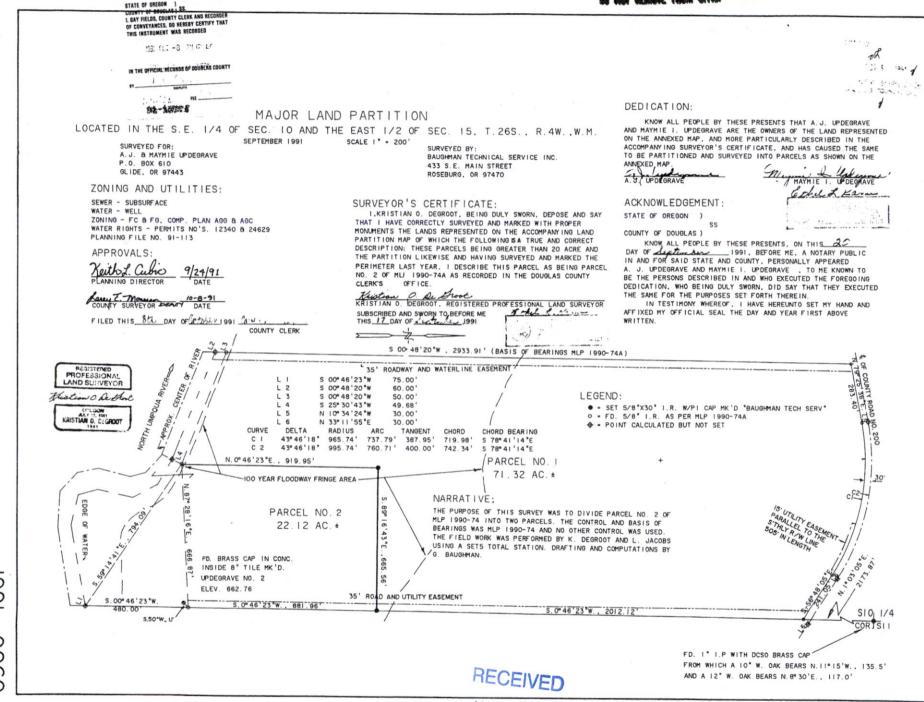
State of California

(Seal)

**BRETT TRUDEAU** Notary Public - California San Luis Obispo County Commission # 2395292 comm. Expires Feb 28, 2026

STATUTORY WARRANTY DEED

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JAN 2 0 2023

### Oregon Water Resources Department Surface Water Application

Main

Help

Return

Contact Us

Today's Date: Tuesday, December 20, 2022

| Base Application Fee.                                                                                                                                                                                                                                                                                                                                                                                                    |             | \$1,090.00 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|
| Number of proposed cubic feet per second (cfs) to be diverted. (1 cfs = 448.83 gallons per minute)                                                                                                                                                                                                                                                                                                                       | 0.02        | \$410.00   |
| Number of proposed Use's for the appropriated water.<br>(i.e. Irrigation, Supplemental Irrigation, Pond Maintenance, Industrial, Commercial, etc) *                                                                                                                                                                                                                                                                      | 1           |            |
| Number of proposed Surface Water points of diversions. **                                                                                                                                                                                                                                                                                                                                                                | 2           | \$410.00   |
| Number of Acre Feet to be diverted from Stored Water.<br>(if the application is appropriating water from a pond/reservoir)                                                                                                                                                                                                                                                                                               | 0           |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                          | Subtotal:   | \$1,910.00 |
| Permit Recording Fee. ***                                                                                                                                                                                                                                                                                                                                                                                                |             | \$610.00   |
| * the 1st Water Use is included in the base cost.  ** the 1st Surface Water point of diversion is included in the base cost.  *** the Permit Recording Fee is not required when the application is submitted but, must be paid before a permit will be issued. It is fully refundable if a permit is not issued. If the recording fee is not paid prior to issuance of the Final Order, permit issuance will be delayed. | Recalculate |            |
| Estimated cost of Permit Application                                                                                                                                                                                                                                                                                                                                                                                     |             | \$2,520.00 |

JAN 2 0 2023

OWRD

## Jordan Engineering

Structural-Civil-Geotech 460 Jordan Lane Roseburg, OR 97471 541-673-1931 PECEIVED
JAN 20 2023
OWRD

Water Resources Department 725 Summer St. NE, Suite A Salem, OR 97301 Application for a Permit to Use
Surface Water:
Two Domestic Expanded

January 16, 2023

#### Sir:

Inclosed are the Application form, Application map, Land Use Information Form with Division 33 Map, Property Deed with attached Property Surveyor, Fee Calculator and a check #255 in the sum of \$2,520 made out to the Department.

Please note on page 1 of the application item headed as 'Agent' I have been graced with the honors of trust but because of the form's ambiguous statement of intent this part has been struck out. Therefore if there are any questions please officially contact the applicant with a copy to me.

Respectfully,

Clay Jordan, P.E., S.E., Geotech, CWRE

cc: Mr. Steven Dias

file: Dias 2 Domestic App wrd-cl.wpd