

Application for a Permit to Use Surface Water



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

MAR 06 2013

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

SALEM, OR

NAME KENNETH F. CASTLE		PHONE (HM) (541) 761-5154	
PHONE (WK) SAME	CELL SAME	FAX	
ADDRESS 1543 Sleepy Hollow Loop			
CITY GRAND PASS	STATE OR.	ZIP 97121	E-MAIL * Kenandicastle@gmail.com

Organization Information

NAME		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL *

(All fields in this section are crossed out with a large 'X')

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

AGENT / BUSINESS NAME		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL *

(All fields in this section are crossed out with a large 'X')

Note: Attach multiple copies as needed

* By providing an e-mail address, consent is given to receive all correspondence from the department electronically. (paper copies of the final order documents will also be mailed.)

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By my signature below I confirm that I understand:

SALEM, OR

- I am asking to use water specifically as described in this application.
- Evaluation of this application will be based on information provided in the application packet.
- I cannot legally use water until the Water Resources Department issues a permit to me.
- The Department encourages all applicants to wait for a permit to be issued before beginning construction of any proposed diversion. Acceptance of this application does not guarantee a permit will be issued.
- If I begin construction prior to the issuance of a permit, I assume all risks associated with my actions.
- If I get a permit, I must not waste water.
- If development of the water use is not according to the terms of the permit, the permit can be cancelled.
- The water use must be compatible with local comprehensive land use plans.
- Even if the Department issues a permit, I may have to stop using water to allow senior water right holders to get water to which they are entitled.

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

Applicant Signature

Print Name and title if applicable

Date

Applicant Signature

Print Name and title if applicable

Date

Revise

App. No. **S-87876**

For Department Use
Permit No. _____

Date _____

SECTION 2: PROPERTY OWNERSHIP

Please indicate if you own all the lands associated with the project from which the water is to be diverted, conveyed, and used.

Yes

- There are no encumbrances.
- This land is encumbered by easements, rights of way, roads or other encumbrances.

No

- I have a recorded easement or written authorization permitting access.
- I do not currently have written authorization or easement permitting access.
- Written authorization or an easement is not necessary, because the only affected lands I do not own are state-owned submersible lands, and this application is for irrigation and/or domestic use only (ORS 274.040).
- Water is to be diverted, conveyed, and/or used only on federal lands.

List the names and mailing addresses of all affected landowners (*attach additional sheets if necessary*).

SECTION 3: SOURCE OF WATER

A. Proposed Source of Water

Provide the commonly used name of the water body from which water will be diverted, and the name of the stream or lake it flows into. If unnamed, say so:

Source 1: Applegate Reservoir Tributary to: Rogue River
 Source 2: Through Applegate River Tributary to: _____
 Source 3: _____ Tributary to: _____
 Source 4: _____ Tributary to: _____

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If any source listed above is stored water that is authorized under a water right permit, certificate, or decree, attach a copy of the document or list the document number (for decrees, list the volume, page and/or decree name).

B. Applications to Use Stored Water

Do you, or will you, own the reservoir(s) described in item 3A above?

Yes.

No. (Please enclose a copy of your written notification to the operator of the reservoir of your intent to file this application, which you should have already mailed or delivered to the operator.)

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If *all* sources listed in item 3A are stored water, the Department will review your application using the expedited process provided in ORS 537.147, unless you check the box below. Please see the instruction booklet for more information.

- By checking this box, you are requesting that the Department process your application under the standard process outlined in ORS 537.150 and 537.153, rather than the expedited process provided by ORS 537.147. To file 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 reservoir (if not you) to impound the volume of water you propose to use in this application.
 - A copy of your written agreement with the party (if any) delivering the water from the reservoir to you.

SECTION 4: 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
Appleton Reservoir	irrigation	April - 1 to Oct. 31	2.62 <input type="checkbox"/> cfs <input type="checkbox"/> gpm <input checked="" type="checkbox"/> af
			<input type="checkbox"/> cfs <input type="checkbox"/> gpm <input type="checkbox"/> af
			<input type="checkbox"/> cfs <input type="checkbox"/> gpm <input type="checkbox"/> af
			<input type="checkbox"/> cfs <input type="checkbox"/> gpm <input type="checkbox"/> af

For irrigation use only:

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Please indicate the number of primary and supplemental acres to be irrigated.

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Primary: 15 Acres Supplemental: 0 Acres

List 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: 2.62

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

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SECTION 5: WATER MANAGEMENT

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A. Diversion and Conveyance

What equipment will you use to pump water from your source?

Pump (give horsepower and type): Starke, 1/2 HP, Self Prim-Centrifugal.

Other means (describe): _____

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water.

1 1/4" PVC FROM PUMP TO VALVES - 1" PVC FROM VALVES TO Pop-up SPRINKLERS

B. Application Method

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

see drawing

(8 pop sprinklers) (3/4")

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.

Metered sprinklers, est. for lawn over irrigation season -

SECTION 6: RESOURCE PROTECTION

In granting permission to use water from a stream or lake, the state encourages, and in some instances requires, careful control of activities that may affect the waterway or streamside area. See instruction guide for a list of possible permit requirements from other agencies. Please indicate any of the practices you plan to undertake to protect water resources.

Diversion will be screened to prevent uptake of fish and other aquatic life.

Describe planned actions: Contact ODFW to inspect screen

Excavation or clearing of banks will be kept to a minimum to protect riparian or streamside areas.

Describe planned actions: Yard slopes to river to rock - ~~no~~ ~~action~~ planned. No disturbance to Riparian Area.

Operating equipment in a water body will be managed and timed to prevent damage to aquatic life.

Describe: NO equipment

Water quality will be protected by preventing erosion and run-off of waste or chemical products.

Describe: NO disturbance to streamer bank.

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SECTION 7: PROJECT SCHEDULE

Date construction will begin: when permit approved. *Hopefully by irrigation's season 2013*
Date construction will be completed: within 1 yr of permit approval.
Date beneficial water use will begin: as soon as permit approved.

SECTION 8: WITHIN A DISTRICT

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

Irrigation District Name	Address		
City	State	Zip	

N/A

SECTION 9: REMARKS

Use this space to clarify any information you have provided in the application.

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If any questions please contact:

*myself, Kenneth Castle
(541) 761-5154*

or

*WATERMASTER, Kathy Smith
(541) 479-2401*

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For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): _____.
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

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Name: _____ Title: _____

Signature: _____ Phone: _____ Date: _____

Government Entity: _____

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

Receipt for Request for Land Use Information

Josephine County Planning
 700 NW Dimmick Street
 Suite C
 Grants Pass, OR 97526

Applicant name: Kenneth Castle

City or County: Josephine Staff contact: James Black

Signature: [Signature] Phone: 541-474-5418 Date: 2/8/13



First American

First American Title Insurance Company of Oregon
118 NE C Street

Grants Pass, OR 97526
Phn - (541)476-6884
Fax - (866)637-1004

Handwritten signature

Kenneth F. Castle and Diane E. Castle
745 SE M Street
Grants Pass, OR 97526

May 10, 2011
File No.: 7151-1706489 (RAC)

Re: Property: **1543 Sleepy Hollow Loop, Grants Pass, OR 97527**

Regarding the above referenced escrow closing, enclosed please find the following:

- Original **Warranty Deed**, recorded as Instrument No. **2011-005521**
-

Please retain the enclosed items for your records.

We appreciate having had the opportunity to be of service to you in this transaction. If you should have questions, or if we can be of assistance in the future, please don't hesitate to contact us.

First American Title Insurance Company of Oregon

Rhea Chojnacki, Escrow Officer

Handwritten signature

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After recording return to:
 Kenneth F. Castle and Diane E. Castle
 745 SE M Street
 Grants Pass, OR 97526


Until a change is requested all tax statements
 shall be sent to the following address:
 Kenneth F. Castle and Diane E. Castle
 745 SE M Street
 Grants Pass, OR 97526

File No.: 7151-1706489 (RAC)
 Date: May 03, 2011

(1)

A

JOSEPHINE COUNTY OFFICIAL RECORDS
 ART HARVEY, COUNTY CLERK **2011-005521**
 DED-WRD 05/09/2011 03:23 PM
 Cnt=1 Pgs=3 Stn=2 RHENKELS
 \$15.00 \$11.00 \$15.00 \$8.00 \$5.00 Total:\$54.00



00270281201100055210030030

I, Art Harvey, County Clerk, certify that the within document
 was received and duly recorded in the official records of
 Josephine County.

FA

STATUTORY WARRANTY DEED

Leslie L. Allen and Mildred A. Allen, Trustees of the Allen Family Trust, u.a.d. August 21, 2002,
 Grantor, conveys and warrants to **Kenneth F. Castle and Diane E. Castle, husband and wife as**
tenants by the entirety, Grantee, the following described real property free of liens and
 encumbrances, except as specifically set forth herein:

See Legal Description attached hereto as Exhibit A and by this reference incorporated herein.

Subject to:

1. 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.

The true consideration for this conveyance is **\$285,000.00**. (Here comply with requirements of ORS 93.030)

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SALEM, OR

APN: R324325

Statutory Warranty Deed
- continued

File No.: 7151-1706489 (RAC)
Date: 05/03/2011

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, OF CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009. 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, OF CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009.

Dated this 6th day of may, 2011.

Allen Family Trust, u.a.d August 21, 2002

Leslie L. Allen
Leslie L. Allen, Trustee

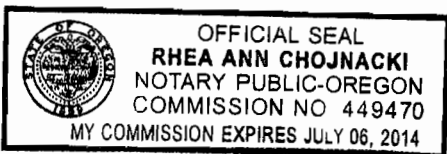
Mildred A. Allen
Mildred A. Allen, Trustee

STATE OF Oregon)
)ss.
County of Josephine)

This instrument was acknowledged before me on this 6th day of may, 2011 by Leslie L. Allen and Mildred A. Allen as Trustees of Allen Family Trust, u.a.d August 21, 2002, on behalf of the Trust.

Rhea Chojnacki

Notary Public for Oregon
My commission expires: 7-6-2014



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MAR 06 2013

(3)

APN: R324325

Statutory Warranty Deed
- continued

File No.: 7151-1706489 (RAC)
Date: 05/03/2011

EXHIBIT A

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

PARCEL I:

BEGINNING AT THE NORTHWEST CORNER OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 5, TOWNSHIP 37 SOUTH, RANGE 6 WEST, OF THE WILLAMETTE MERIDIAN, JOSEPHINE COUNTY, OREGON; THENCE EAST 118.50 FEET TO THE TRUE POINT OF BEGINNING; THENCE EAST 118.50 FEET; THENCE SOUTH AND PARALLEL WITH THE WEST LINE OF SAID SUBDIVISION LINE TO THE CENTER OF THE APPLIGATE RIVER; THENCE WESTERLY FOLLOWING THE MEANDER OF APPLIGATE RIVER TO A POINT SOUTH OF THE TRUE POINT OF BEGINNING; THENCE NORTH TO THE TRUE POINT OF BEGINNING.

PARCEL II:

TOGETHER WITH AN EASEMENT FOR INGRESS AND EGRESS OVER AN EXISTING ROADWAY AS SET FORTH IN VOLUME 247, PAGE 114, JOSEPHINE COUNTY DEED RECORDS.

NOTE: This Legal Description was created prior to January 01, 2008.

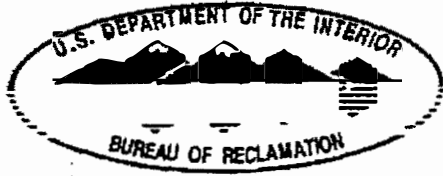
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S-87876

CONTRACT DATA SHEET

Handwritten notes:
Boise, ID
PN-3324
+ notes



U.S. Bureau of Reclamation
Attn: PN-3324
1150 North Curtis Road
Boise, ID 83706-1234
208-378-5344

RECLAMATION *Managing Water in the West*

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1. Applicant Information:

A. Landowners

SALEM, OR

- 1) Name of landowner(s): KENNETH F. OASTRE
- 2) Address: 1543 SLOOPY Hollow Loop
- 3) Mailing Address (if different): SAME
- 4) Taxpayer Identification Number(s): _____
(Social Security Number or Employer Identification Number)¹
- 5) Do you own all of the land where you propose to divert and make use of water? YES

B. Water User Organizations (Such as Irrigation Districts, Ditch/Canal Companies, Water Control Districts, Water User Associations & Cooperatives, Irrigation Improvement Districts, and similar entities organized according to State Law)

- 1) Name of Organization: _____
- 2) Name & Title of Applicant: N/A
- 3) Mailing Address of Organization: _____
- 4) Taxpayer Identification Number: _____
(Social Security Number or Employer Identification Number)

5) Please provide the following information:

- (a) A description of the area served by the organization (location, total acreage, # of water users, prominent crops, etc.)
- (b) Copy of organization by-laws, articles of incorporation (if applicable), board resolution authorizing the applicant to represent and bind the organization under contract with the United States. # R7810

2. Source of Water (name of stream, river): Applegate Reservoir → Applegate River
3. Proposed point of diversion: 545' N feet _____ and 1182 feet
of Wes Top South corner of Section 5, Township 37 S, Range 6 W,
Willamette Meridian.

4. A water right permit to divert storage water is required. Application or file number with OWRD if you have applied for a permit to divert storage water: IN PROGRESS

5. Include a map of lands and diversion points. [Same as required by Oregon Water Resources Department (OWRD) for application for surface/ground water permit].

LB7876

6. Do you currently hold a right to natural flows for irrigating the property described herein? No
If yes, what is/are the priority date(s)? _____
7. Total quantity of water from storage requested: 2.62 acre-feet.
8. Location of land to be irrigated in each 40-acre tract:

TOWNSHIP	RANGE	SECTION	40-ACRE TRACT (1/4) (1/4)	NO. of ACRES	TYPE of IRRIGATED CROP
37S	6W	5	SE-SW	0.75	Lawn

9. What is the present use of the land identified above? [*Farming; idle (fallow cultivated land); native (appears never to have been tilled); planted pasture or other (please specify)*].
Lawn - yard
10. Is the land identified above currently being irrigated? YES If yes, what is the source? (*natural flows, wells, etc.*) Apple gate River
11. Diversion must be screened to prevent uptake of fish and other aquatic life.
Describe plan(s) to comply with State/Federal fish screen standards: Will contact ODFW to inspect current screen
12. Telephone number where you can be reached during the day: (541) 761-5154

Before returning the completed Contract Data Sheet to the address provided on page 1, please check that you have done the following:

- ANSWERED ALL QUESTIONS COMPLETELY
- ATTACHED AND IDENTIFIED ADDITIONAL SHEET(S) AS NECESSARY
- ATTACHED THE REQUIRED MAP
- SUBMIT PAYMENT FOR THE APPROPRIATE CONTRACT ADMINISTRATION FEE ², MAKE CHECK PAYABLE TO THE U.S. BUREAU OF RECLAMATION

¹ Section 31001.(i) of the Debt Collection Improvement Act of 1996 (Chapter 10 of Pub. L. 104-134) requires each contractor with an agency of the United States to furnish their taxpayer identifying number (social security number or employer identification number) and each agency to disclose to that contractor its intent to use such number for purposes of collecting and reporting on any delinquent amounts arising out of such contractor's relationship with the Government.

² The minimum contract administration fee for most applications is \$100. However, from time to time this fee may be revised to cover the costs of the United States. We recommend you contact this office to verify the current minimum contract administration fee. In the event that the costs to the United States of evaluating the application are in excess of the minimum contract administration fee, an estimate of the reimbursable costs for which advance payment is required will be provided to the applicant.