



**Oregon Water Resources Department**  
 725 Summer Street NE, Suite A  
 Salem Oregon 97301-1271  
 (503) 986-0900  
 www.wrd.state.or.us

# Application for a Permit to Use Ground Water

Please type or print in dark ink. If your application is found to be incomplete or inaccurate, we will return it to you. If any requested information does not apply to your application, insert "n/a." Please read and refer to the instructions when completing your application. A summary of review criteria and procedures that are generally applicable to these applications is available at [www.wrd.state.or.us/OWRD/PUBS/forms.shtml](http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml).

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## 1. APPLICANT INFORMATION

### A. Individuals

Applicant: MIKE THOMPSON FARMS  
First Last

Mailing address: 8095 DELPHINIUM PLACE NE  
SALEM OREGON 97305  
City State Zip

Phone: 903.362.6418  
Home Work Other

\*Fax: 503.371.8205 \*E-Mail address: \_\_\_\_\_

### B. Organizations

*(Corporations, associations, firms, partnerships, joint stock companies, cooperatives, public and municipal corporations)*

Name of organization: \_\_\_\_\_

Name and title of person applying: \_\_\_\_\_

Mailing address of organization: \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_  
Day Evening

\*Fax: \_\_\_\_\_ \*E-Mail address: \_\_\_\_\_

\* Optional information

For Department Use		
App. No. _____	Permit No. _____	Date _____

**2. PROPERTY OWNERSHIP**

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Do you own all the land where you propose to divert, transport, and use water?

Yes (Skip to section 3 "Ground water Development.")

No (Please check the appropriate box below.)

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 irrigated and/or domestic use only (ORS 274.040).

You must provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.

List the names and mailing addresses of all affected landowners.

TL 100: <u>Readinger, Aycock, Snyder</u>	TL 1100: <u>Edwin's Carol Harding</u>
<u>5411 W. Monte Cristo</u>	<u>40 Susan Eppler</u>
<u>Glendale, AZ 85306</u>	<u>411 Roberts Dr.</u>
TL 900: <u>Applicant</u>	<u>Amarillo, TX 79118</u>

**3. GROUND WATER DEVELOPMENT**

**A. Well Information**

Number of well(s): ONE

Name of nearest surface water body: Intermittent Stream

Distance from well(s) to nearest stream or lake: 1) ± 4000'

2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

If distance from surface water is less than one mile, indicate elevation difference between nearest surface water and well head. 1) ± 25'

2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

**B. Well Characteristics**

*Wells must be constructed according to standards set by the Department for the construction and maintenance of water wells. If the well is already constructed, please enclose a copy of the well constructor's log and the well ID number, if available, for each well with this application. Identify each well with a number corresponding to the wells designated on the map and proceed to section 4 of the form. If the well has not been constructed, or if you do not have a well log, please complete the following:*

Well(s) will be constructed by: WELL CONTRACTOR NOT SELECTED YET

Address: \_\_\_\_\_

Completion date: \_\_\_\_\_

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Please provide a description of your well development. (Attach additional sheets if needed.)

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Well No.	Diameter	Type and size of casing	No. of feet of casing	Intervals casing is perforated (in feet)	Seal depth	Est. depth to water	Est. depth to water bearing stratum	Type of access port or measuring device	Total well depth
1	12"	12" 4TL	±200'	100-199 est.	70' ±	50' ±	150' ±	PLUG IN WELL SEAL	± 200'

Note: Well numbers in this listing must correspond to well locations(s) shown on accompanying map.

If well log is not available, or well is not yet constructed, you must provide: proposed total depth, depth of casing and seal, and the anticipated perforation and open intervals. **SEE ATTACHED WELL LOG for existing well adjacent to TL 700. It is presumed our well will be similar.**

**C. Artesian Flows**

If your water well is flowing artesian, describe your water control and conservation works:

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**4. WATER USE**

Please read the instruction booklet for more details on "type of use" definitions, how to express how much water you need and how to identify the water source you propose to use. You must fill out a supplemental form for some uses as they require specific information for that type of use.

**A. Type(s) of Use(s)**

See list of beneficial uses provided in the instructions.

- If your proposed use is **domestic**, indicate the number of households to be supplied with water: \_\_\_\_\_
- If your proposed use is **irrigation**, please attach **Form I**
- If your proposed use is **mining**, attach **Form R**
- If your proposed use is **municipal or quasi-municipal**, attach **Form M**
- If your proposed use is **commercial/industrial**, attach **Form Q**

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**B. Amount of Water**

Provide the production rate in gallons per minute (gpm) and the total annual amount of water you need from each well, from each source or aquifer, for each use. You do not need to provide source information if you are submitting a well log with your application.

Well No.	Source or aquifer	Type of use	Total rate of water requested (in gpm)	Total annual quantity (in gallons)	Production rate of well (in gpm)
ONE	GRAVEL Aquifer	IRRIGATION	400	66 ac-ft	400

**C. Maximum Rate of Use Requested**

What is the maximum, instantaneous rate of water that will be used? 400 GPM  
(The fees for your application will be based on this amount.)

**D. Period of Use**

Indicate the time of year you propose to use the water: MARCH 1 - October 31  
(For seasonal uses like irrigation give dates when water use would begin and end, e.g. March 1-October 31.)

**E. Acreage**

If you will be applying water to land, please give the total number of acres where water will be applied or used: 66.0  
(This number should be consistent with your application map.)

**5. WATER MANAGEMENT**

**A. Diversion**

What equipment will you use to pump water from your well(s)?

- Pump (give horsepower and pump type): 40 HP Submersible Turbine
- Other means (describe): \_\_\_\_\_

**B. Transport**

How will you transport water to your place of use?

- Ditch or canal (give average width and depth):  
Width \_\_\_\_\_ Depth \_\_\_\_\_
- Is the ditch or canal to be lined?  Yes  No
- Pipe (give diameter and total length):  
Diameter 6" Length ± 2000'
- Other (describe) \_\_\_\_\_

**C. Application/Distribution Method**

What equipment will you use to apply water to your place of use? Hand Lines And Wheel Line

Irrigation or land application method (check all that apply):

- Flood
- High-pressure sprinkler
- Low pressure sprinkler
- Drip
- Water cannons
- Center pivot system
- Hand lines
- Wheel lines
- Siphon tubes or gated pipe with furrows
- Other, describe \_\_\_\_\_

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Distribution method

- Direct pipe from source
- In-line storage (tank or pond)
- Open canal

**D. Conservation**

What methods will you use to conserve water? Why did you choose this distribution or application method? For example, if you are using sprinkler irrigation rather than drip irrigation, explain. If you need additional space, attach a separate sheet.

Water only when req'd; Water in morning. TYPE OF CROPS RAISED REQUIRE OVER HEAD IRRIGATION

**6. PROJECT SCHEDULE**

Indicate the anticipated dates that the following construction tasks should begin. If construction has already begun, or is completed, please indicate that date.

Proposed date construction will begin: SUMMER 2007

Proposed date construction will be completed: MARCH 1, 2011

Proposed date beneficial water use will begin: MAY, 2011

**7. REMARKS**

If you would like to clarify any information you have provided in the application, please do so here and reference the specific application question you are addressing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 8. MAP REQUIREMENTS

The Department cannot process your application without accurate information showing the source of water and location of water use. You must include a map with this application form that clearly indicates the township, range, section, and quarter/quarter section of the proposed well location and place of use. The map must provide tax lot numbers. See the map guidelines sheet for detailed map specifications.

## 9. SIGNATURE

By my signature below I confirm that I understand:

- 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.
- 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 canceled.
- The water use must be compatible with local comprehensive land use plans.
- Even if the Department issues a permit to me, I may have to stop using water to allow senior water right holders to get water they are entitled to, and

I swear that all information provided in this application is true and correct to the best of my knowledge:

  
Signature of Applicant (If more than one applicant, all must sign.)

  
Date

Before you submit your application be sure you have:

- Answered each question completely.
- Attached a legible map which includes township, range, section, quarter/quarter and tax lot number.
- Included a Land Use Information Form or receipt stub signed by a local official.
- Included the legal description of all the property involved with this application. You may supply a copy of the deed, land sales contract, or title insurance policy, to meet this requirement.
- Included a check payable to the Oregon Water Resources Department for the appropriate amount. The Department's fee schedule can be found at [www.wrd.state.or.us](http://www.wrd.state.or.us) or call (503) 986-0900.

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