



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.

1. APPLICANT INFORMATION

A. Individuals

Applicant: Michael Lynch
First Last

Mailing address: 2600 Cottonwood Road

Walla Walla WA 99362
City State Zip

Phone: (509) 529-1252 N/A (509) 520-2485
Home Work Other

*Fax: N/A *E-Mail address: N/A

B. Organizations

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

Name of organization: N/A

Name and title of person applying: N/A

Mailing address of organization: N/A

N/A N/A N/A
City State Zip

Phone: N/A N/A
Day Evening

*Fax: N/A *E-Mail address: N/A

* Optional information

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**WATER RESOURCES DEPT
SALEM OREGON**

For Department Use		
App. No. <u>G-16981</u>	Permit No. _____	Date _____

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Last updated: 6/7/2005

DEC 13 2007 Ground Water/1

DEC 03 2007

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2. PROPERTY OWNERSHIP

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.

N/A

3. GROUND WATER DEVELOPMENT

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A. Well Information

Number of well(s): 1

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Name of nearest surface water body: Cottonwood Creek

Distance from well(s) to nearest stream or lake: 1) 600 feet

2) _____ 3) _____ 4) _____

If distance from surface water is less than one mile, indicate elevation difference between nearest surface water and well head. 1) well head about 100 feet above surface water at nearest point

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 question F in this section 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: Larry Burd Drilling, Inc.

Address: 5543 SW Douglas Drive, Pendleton, OR 97801

Completion date: By about March 2013 (to allow beneficial use by October 2013)

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G-16981

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

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	Steel 10-inch	500	100-500	100	TBD	170	Air Line	500

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.

C. Artesian Flows

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

Well not yet drilled. Artesian flow present in shallow well, but not anticipated in completed (deepened) well.

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)
1	Basalt aquifer	Irrigation	740	134 million	740

C. Maximum Rate of Use Requested

What is the maximum, instantaneous rate of water that will be used? 740 gpm (1.65 cfs)
(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: 132.1 acres
(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): 50 hp 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 12-inch and 10-inch Length 5,000 feet
- Other (describe) _____

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C. Application/Distribution Method

What equipment will you use to apply water to your place of use? sprinklers on wheel line and/or handline

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 _____

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.

Careful irrigation scheduling (timing and duration). Chosen water application method best fit for site and crops.

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: October 2008

Proposed date construction will be completed: March 2013

Proposed date beneficial water use will begin: April - October 2013

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.

Question 3(B). New (proposed) well will be modification (deepening) of existing well (UMAT 50237).

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8. MAP REQUIREMENTS

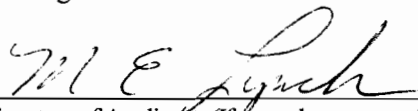
The Department cannot process your application without accurate information showing the source of water and location of water use. You must include a map with this application form that clearly indicates the township, range, section, and quarter/quarter section of the proposed well location and place 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.)

11-29-07

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 or call (503) 986-0900.

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Oregon Water Resources Department

FORM I
FOR IRRIGATION WATER USE

1. Please indicate whether you are requesting a primary or supplemental irrigation water right.

[X] Primary [] Supplemental

If supplemental, please indicate the number of acres that will be irrigated for each type of use.

Primary: 132.1 Acres

Secondary: N/A Acres

List the permit or certificate number of the primary water right: No. N/A

2. Please list the anticipated crops you will grow and whether you will be irrigating them for a full or partial season:

- 1. Pasture and/or other forage crops [X] Full season [] Partial season
2. Wine grapes or other permanent [X] Full season [] Partial season
3. [] Full season [] Partial season
4. [] Full season [] Partial season

3. Indicate the maximum total number of acre-feet you expect to use in an irrigation season:

396.3 acre-feet (3 ac-ft/ac) acre-feet

(1 acre-foot equals 12 inches of water spread over 1 acre, or 43,560 cubic feet, or 325,851 gallons.)

4. How will you schedule your applications of water? Will you be applying water in the evenings, twice a week, daily?

- [] Daily during daytime hours [] Daily during nighttime hours
[] Two or three times weekly during daytime [] Two or three times weekly during nighttime
[] Weekly, during daytime hours [] Weekly, during nighttime hours
[X] Other, explain: Best management practices depending on crop needs and water supply

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Last revision: October 31, 1996

WATER RESOURCES DEPT SALEM, OREGON

G-16981

PUBLIC INTEREST REVIEW FOR GROUND WATER APPLICATIONS

TO: Water Rights Section Date May 8, 2008

FROM: Ground Water/Hydrology Section Michael Zwart
Reviewer's Name

SUBJECT: Application G- 16981 Supersedes review of N/A
Date of Review(s)

PUBLIC INTEREST PRESUMPTION; GROUNDWATER

OAR 690-310-130 (1) *The Department shall presume that a proposed groundwater use will ensure the preservation of the public welfare, safety and health as described in ORS 537.525. Department staff review ground water applications under OAR 690-310-140 to determine whether the presumption is established. OAR 690-310-140 allows the proposed use be modified or conditioned to meet the presumption criteria. This review is based upon available information and agency policies in place at the time of evaluation.*

A. GENERAL INFORMATION: Applicant's Name: Michael Lynch County: Umatilla

A1. Applicant(s) seek(s) 1.65 cfs from one well(s) in the Umatilla Basin,
Cottonwood Creek subbasin Quad Map: Peterson Ridge

A2. Proposed use: Irrigation, 132.1 acres (P) Seasonality: March 1 to October 31

A3. Well and aquifer data (attach and number logs for existing wells; mark proposed wells as such under logid):

Well	Logid	Applicant's Well #	Proposed Aquifer*	Proposed Rate(cfs)	Location (T/R-S QQ-Q)	Location, metes and bounds, e.g. 2250' N, 1200' E fr NW cor S 36
1	UMAT 50237*	1	CRB	1.65	6N/37E-19 SE-NW	1080' N, 105' W fr Ctr S 19
2						
3						
4						
5						

* Alluvium, CRB, Bedrock

Well	Well Elev ft msl	First Water ft bls	SWL ft bls	SWL Date	Well Depth (ft)	Seal Interval (ft)	Casing Intervals (ft)	Liner Intervals (ft)	Perforations Or Screens (ft)	Well Yield (gpm)	Draw Down (ft)	Test Type
1	1580	170	-23.1	9/10/96	500*	0-103	0-103	None	None	50		Air

Use data from application for proposed wells.

A4. **Comments:** *The applicant is proposing to deepen this well to 500 feet; it is currently 195 feet deep.

A5. **Provisions of the Umatilla** Basin rules relative to the development, classification and/or management of ground water hydraulically connected to surface water are, or are not, activated by this application. (Not all basin rules contain such provisions.)

Comments: _____

A6. **Well(s) #** _____, _____, _____, _____, _____, tap(s) an aquifer limited by an administrative restriction. Name of administrative area: _____

Comments: _____

B. GROUND WATER AVAILABILITY CONSIDERATIONS, OAR 690-310-130, 400-010, 410-0070

B1. **Based upon available data**, I have determined that ground water* for the proposed use:

- a. is over appropriated, is not over appropriated, or cannot be determined to be over appropriated during any period of the proposed use. * This finding is limited to the ground water portion of the over-appropriation determination as prescribed in OAR 690-310-130;
- b. will not or will likely be available in the amounts requested without injury to prior water rights. * This finding is limited to the ground water portion of the injury determination as prescribed in OAR 690-310-130;
- c. will not or will likely to be available within the capacity of the ground water resource; or
- d. will, if properly conditioned, avoid injury to existing ground water rights or to the ground water resource:
 - i. The permit should contain condition #(s) 7N _____;
 - ii. The permit should be conditioned as indicated in item 2 below.
 - iii. The permit should contain special condition(s) as indicated in item 3 below;

- B2. a. **Condition** to allow ground water production from no deeper than _____ ft. below land surface;
- b. **Condition** to allow ground water production from no shallower than _____ ft. below land surface;
- c. **Condition** to allow ground water production only from the basalt _____ ground water reservoir;
- d. **Well reconstruction** is necessary to accomplish one or more of the above conditions. The problems that are likely to occur with this use and without reconstructing are cited below. Without reconstruction, I recommend withholding issuance of the permit until evidence of well reconstruction is filed with the Department and approved by the Ground Water Section.

Describe injury –as related to water availability– that is likely to occur without well reconstruction (interference w/ senior water rights, not within the capacity of the resource, etc): _____

B3. **Ground water availability remarks:** There is limited development of basalt aquifers in the local area, which is somewhat remote. However, a file was reviewed for a well about 1600' to the east last year. I recommended that the proposed well there be cased and sealed similar to this well. GRID does not indicate that a new well has been constructed as of yet.

C. GROUND WATER/SURFACE WATER CONSIDERATIONS, OAR 690-09-040

C1. **690-09-040 (1):** Evaluation of aquifer confinement:

Well	Aquifer or Proposed Aquifer	Confined	Unconfined
1	Basalt of the Columbia River Basalt Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Basis for aquifer confinement evaluation: Basalt aquifers in this area are typically confined. This well is flowing artesian with 10 pounds of shut-in pressure.

C2. **690-09-040 (2) (3):** Evaluation of distance to, and hydraulic connection with, surface water sources. All wells located a horizontal distance less than ¼ mile from a surface water source that produce water from an unconfined aquifer shall be assumed to be hydraulically connected to the surface water source. Include in this table any streams located beyond one mile that are evaluated for PSI.

Well	SW #	Surface Water Name	GW Elev ft msl	SW Elev ft msl	Distance (ft)	Hydraulically Connected?			Potential for Subst. Interfer. Assumed?	
						YES	NO	ASSUMED	YES	NO
1	1	Spring to south	1603	1590	1300	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1	2	Cottonwood Creek	1603	1500	2100	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Basis for aquifer hydraulic connection evaluation: The well is cased and sealed to below a shallower water-bearing zone that is likely in hydraulic connection with the spring. This seal depth, when combined with the published local dip of the basalt (Newcomb, 1951), will also likely prevent hydraulic connection with Cottonwood Creek within one mile.

Water Availability Basin the well(s) are located within: COTTONWOOD CR > YELLOWHAWK CR - AT MOUTH (30710207).

C3a. **690-09-040 (4):** Evaluation of stream impacts for each well that has been determined or assumed to be hydraulically connected and less than 1 mile from a surface water source. Limit evaluation to instream rights and minimum stream flows that are pertinent to that surface water source, and not lower SW sources to which the stream under evaluation is tributary. Compare the requested rate against the 1% of 80% natural flow for the pertinent Water Availability Basin (WAB). If Q is not distributed by well, use full rate for each well. Any checked box indicates the well is assumed to have the potential to cause PSI.

Well	SW #	Well < ¼ mile?	Qw > 5 cfs?	Instream Water Right ID	Instream Water Right Q (cfs)	Qw > 1% ISWR?	80% Natural Flow (cfs)	Qw > 1% of 80% Natural Flow?	Interference @ 30 days (%)	Potential for Subst. Interfer. Assumed?
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

C3b. **690-09-040 (4):** Evaluation of stream impacts by total appropriation for all wells determined or assumed to be **hydraulically connected and less than 1 mile** from a surface water source. **Complete only if Q is distributed among wells.** Otherwise same evaluation and limitations apply as in C3a above.

	SW #		Qw > 5 cfs?	Instream Water Right ID	Instream Water Right Q (cfs)	Qw > 1% ISWR?	80% Natural Flow (cfs)	Qw > 1% of 80% Natural Flow?	Interference @ 30 days (%)	Potential for Subst. Interfer. Assumed?
			<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Comments: This section does not apply.

C4a. **690-09-040 (5):** Estimated impacts on **hydraulically connected surface water sources greater than one mile** as a percentage of the proposed pumping rate. Limit evaluation to the effects that will occur up to one year after pumping begins. This table encompasses the considerations required by 09-040 (5)(a), (b), (c) and (d), which are not included on this form. Use additional sheets if calculated flows from more than one WAB are required.

Non-Distributed Wells													
Well	SW#	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
Distributed Wells													
Well	SW#	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
		%	%	%	%	%	%	%	%	%	%	%	%
Well Q as CFS													
Interference CFS													
(A) = Total Interf.													
(B) = 80 % Nat. Q													
(C) = 1 % Nat. Q													
(D) = (A) > (C)													
(E) = (A / B) x 100		%	%	%	%	%	%	%	%	%	%	%	%

(A) = total interference as CFS; (B) = WAB calculated natural flow at 80% exceed. as CFS; (C) = 1% of calculated natural flow at 80% exceed. as CFS; (D) = highlight the checkmark for each month where (A) is greater than (C); (E) = total interference divided by 80% flow as percentage.

Basis for impact evaluation: _____

C4b. **690-09-040 (5) (b) The potential to impair or detrimentally affect the public interest is to be determined by the Water Rights Section.**

- C5. **If properly conditioned**, the surface water source(s) can be adequately protected from interference, and/or ground water use under this permit can be regulated if it is found to substantially interfere with surface water:
- i. The permit should contain condition #(s) _____;
 - ii. The permit should contain special condition(s) as indicated in “Remarks” below;

C6. **SW / GW Remarks and Conditions** _____

References Used: Local well logs; local knowledge; nearby recent reviews of basalt-well applications; GW Reports #30 and #35; Newcomb, 1951, Preliminary Report on the Ground-Water Resources of the Walla Walla Basin.

D. WELL CONSTRUCTION, OAR 690-200

D1. Well #: 1 Logid: UMAT 50237

D2. **THE WELL does not meet current well construction standards based upon:**

- a. review of the well log;
- b. field inspection by _____;
- c. report of CWRE _____;
- d. other: (specify) _____

D3. **THE WELL construction deficiency:**

- a. constitutes a health threat under Division 200 rules;
- b. commingles water from more than one ground water reservoir;
- c. permits the loss of artesian head;
- d. permits the de-watering of one or more ground water reservoirs;
- e. other: (specify) _____

D4. **THE WELL construction deficiency is described as follows:** _____

- D5. **THE WELL**
- a. was, or was not constructed according to the standards in effect at the time of original construction or most recent modification.
 - b. I don't know if it met standards at the time of construction.

D6. **Route to the Enforcement Section.** I recommend withholding issuance of the permit until evidence of well reconstruction is filed with the Department and approved by the Enforcement Section and the Ground Water Section.

THIS SECTION TO BE COMPLETED BY ENFORCEMENT PERSONNEL

D7. Well construction deficiency has been corrected by the following actions: _____

_____, 200____.
(Enforcement Section Signature)

D8. **Route to Water Rights Section (attach well reconstruction logs to this page).**



Oregon Water Resources Department Land Use Information Form

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 ground water registration modification, and all of the following apply: a) only the place of use is proposed for change, b) there are no structural changes, c) the use of water is for irrigation, and d) the use is located in an irrigation district or exclusive farm-use zone.

Applicant Name: Michael Lynch
Mailing Address: 2600 Cottonwood Road
City: Walla Walla State: WA Zip: 99362 Day Phone: (509) 529-1252

This application is related to a Measure 37 claim. Yes No

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), or used. 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	¼ ¼	Tax Lot #	Plan Designation (e.g. Rural Residential/RR-5)	Water to be:	Proposed Land Use:
6N	37E	19	SW NE	1100	EFU	<input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	irrigated ag
6N	37E	19	SE NW	1100	EFU	<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	irrigated ag
6N	37E	19	NE SW	1100	EFU	<input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	irrigated ag
6N	37E	19	NW SE	1100	EFU	<input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	irrigated ag

List all counties and cities where water is proposed to be diverted, conveyed, or used. Umatilla County

B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

- Permit to Use or Store Water
- Allocation of Conserved Water
- Permit Amendment or Ground Water Registration Modification
- Water-Right Transfer
- Limited Water Use License
- Exchange of Water

Source of water: Reservoir/Pond Ground Water Surface Water (name) _____

Estimated quantity of water needed: 1.65 cubic feet per second gallons per minute acre-feet

Intended use of water: Irrigation Commercial Industrial Domestic for _____ household(s)
 Municipal Quasi-municipal Instream Other _____

Briefly describe: Intend to develop new basalt groundwater well to irrigate 132.1 acres of agricultural land for higher-value crops.

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt below and include it with the application filed with the Water Resources Department.

Receipt for Request for Land Use Information

State of Oregon
Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301-1266

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G16981

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 proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): 152.058.

Land uses to be served by 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
		<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.

Name: RICHARD H. JENNINGS Title: SR PLANNER
 Signature: [Signature] Phone: 278-6247 Date: 12/10/07
 Government Entity: Vernonia City

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

Applicant name: _____
 City or County: _____ Staff contact: _____
 Signature: _____ Phone: _____

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Last updated 12/22/06 WR

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31
2 Enr

2004 4590575



2004-4590575 1 of 2

State of Oregon)
County of Umatilla)

This instrument was received
and recorded on

04-01-04 at 3:40

in the record of instrument
code type DE-PRD

After recording return to:

James K. Hayner
Minnick-Hayner
P.O. Box 1757
Walla Walla, WA 99362

MAIL TAX STATEMENTS TO:

Michael Lynch
2600 Cottonwood Road
Walla Walla, WA 99362

Instrument Number 2004-4590575
Fee 31.00

Office of County Records

Julius Hemphill
Records Officer

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APR 1 - 2004

UMATILLA COUNTY
RECORDS

DEED OF PERSONAL REPRESENTATIVE

GRANTOR, EDWARD LYNCH, the duly appointed, qualified, and acting personal representative of the estate of MARY LYNCH, deceased, pursuant to authority of a Judgment for Final Distribution dated March 23, 2004 in the above-entitled estate, does convey to MICHAEL LYNCH, as his sole and separate property, GRANTEE, as an inheritance and for which there is no consideration, all of the decedent's interest in the following described real property situated in Umatilla County, Oregon, to wit:

The Southwest Quarter of the Northeast Quarter, the Southeast Quarter of the Northwest Quarter, the Northeast Quarter of the Southwest Quarter, and the West Half of the Southeast Quarter of Section 19; the Northwest Quarter of Section 29; the Northeast Quarter, the North Half of the Southeast Quarter and all that part of the Southeast Quarter of the Northwest Quarter and the Northeast Quarter of the Southwest Quarter lying West of the County Road, of Section 30:

All being in Township 6 North, Range 37, East of the Willamette Meridian in Umatilla County, Oregon.

Together with the tenements, hereditaments and appurtenances thereunto belonging or in anyway appertaining.

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SUBJECT TO: Easements, encumbrances, roadways and servitudes of record and indebtedness of record.

There is no consideration for this transfer.

Until a change is requested, send tax statements to:

Michael Lynch
2600 Cottonwood
Walla Walla, WA 99362

THIS INSTRUMENT WILL 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 APPROVED USES.

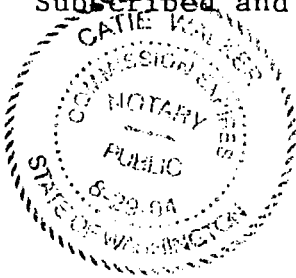
DATED this 17 day of Feb, 2004.

Edward Lynch
Edward Lynch, Personal
Representative of the Estate
of Mary Lynch

STATE OF Washington)
County of Walla Walla) ss:

On the 17 day of February 2004, personally appeared the above named Edward Lynch and acknowledged the above instrument to be his voluntary act and deed as personal representative of the Mary Lynch Estate.

Subscribed and sworn to before me February 17, 2004.



Craig Walker
Notary Public for the State of
Washington
My commission expires: 8/29/04

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11/11/97 50237

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WELL I.D.# 201137819AC

(START CARD) # 4-60433

STATE OF OREGON FEB 25 1997
WATER SUPPLY WELL REPORT
(as required by ORS 317.740)
WATER RESOURCES DEPT.

SEP 23 1996

Instructions for completing this report are on the last page of this report.

SALEM, OREGON

(1) OWNER: Well Number _____
Name ED LYNCH
Address RT 4 Box 336
City Milton Bloomer State OR Zip 97862

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 195 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	44				
10	44	103	PTO Cem	0	103	39 Sacks
8	103	195				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	+2	103	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
/								

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Flowing Arterian	Time
50		180	<input checked="" type="checkbox"/>	1 hr.
40		130	<input type="checkbox"/>	
35		80	<input type="checkbox"/>	

Temperature of water 60° Depth Arterian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 6N N or S Range 37E E or W. WM
Section 19 SW 14 NE 14
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) NA

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 9-10-96
Artesian pressure 10 lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SW
78	95	60	3
170	180	50	10

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWI
Soil	0	9	
Brown clay	9	25	
" + gravel	25	98	
Red scoria	78	95	
Black + Brown Basalt	95	103	
Black Basalt	103	170	
Red Basalt	170	187	
Black Basalt	187	195	

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Date started 9-4-96 Completed 9-10-96
(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WVC Number 1588
Signed GREG DEVLIS Date 9-10-96

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WVC Number 544
Signed James Beard Date 9-10-96

WATER RESOURCES DEPT
SALEM, OREGON

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