

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- 16980 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: Sam McDaniel County: Grant

A1. Applicant(s) seek(s) 0.758 cfs from one well(s) in the John Day Basin,
subbasin Quad Map: Castle Creek

A2. Proposed use: Irrigation, 60 acres (S) 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	GRAN 50906	1	Alluvium	0.758	13S/33E-19SE-SW	266' N, 1800' E fr SW cor 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	3566	137	66	9/17/07	300	0-120	0-137	0-300	160-300	100		Air

Use data from application for proposed wells.

A4. **Comments:** Well log reports Rattlesnake Formation as the water-bearing zone without describing the lithology.

A5. ☒ **Provisions of the John Day** 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) 7C _____;
- 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 _____ ground water reservoir between approximately _____ ft. and _____ ft. below land surface;
- 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:** No State Observation Wells are located near this area. There is fairly limited ground-water development in the area. The local wells developing the same aquifer produce small to moderate quantities of water, usually for domestic supply. The well here will also not likely be able to produce the requested rate. The applicant may need one or more additional wells to produce this quantity.

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	Clay, sand, gravel and conglomerate, likely Tr of Thayer.	☒	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Basis for aquifer confinement evaluation: The water-bearing zone of this and other nearby wells is below a lower-permeability layer of clay or gravelly clay.

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	Indian Creek	3500	3535	2800	☐	☒	☐	☐	☒
1	2	John Day River	3500	3355	8000	☒	☐	☐	☐	☒
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐
						☐	☐	☐	☐	☐

Basis for aquifer hydraulic connection evaluation: Based on geologic mapping and the head relationship, it is likely that ground water in the Rattlesnake Formation discharges to the John Day River, either directly where it is incised by the river or indirectly where Quaternary alluvium or terrace gravels overlie or are adjacent to these rocks.

Water Availability Basin the well(s) are located within: JOHN DAY R > COLUMBIA R - AB LITTLE PINE CR (213)

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?
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐
		☐	☐			☐		☐		☐

	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?
			☐			☐		☐		☐
			☐			☐		☐		☐
			☐			☐		☐		☐
			☐			☐		☐		☐

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.

(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: The local geology is complex. The river is predominantly flowing in Quaternary alluvium, but is also incised into the Rattlesnake Formation or terrace gravels in several short reaches. Also, older Columbia River Basalt is mapped in several areas between the well and the most likely impacted reach of the river. This complexity makes it inappropriate to calculate interference with the Hunt/Wozniak model. In any case, short-term interference would very likely be much less than 1% of the natural flows, about 0.552 cfs in September.

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:
- ☒ The permit should contain condition #(s) 7J;
 - ☐ The permit should contain special condition(s) as indicated in "Remarks" below;

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

References Used: Local well logs; local reviews; Prelim. Geologic Map of the John Day Quad, by T. P. Thayer, 1956.

D1. Well #: 1 Logid: GRAN 50906

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

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) _____

b. ☐ I don't know if it met standards at the time of construction.

THIS SECTION TO BE COMPLETED BY ENFORCEMENT PERSONNEL

[illegible]

_____, 200 _____

Version: 08/15/2003

MEMO

May 8, 2008

☒ YES
☐ NO

The source of appropriation is within or above a Scenic Waterway

✓ YES Use the Scenic Waterway condition (Condition 7J)
NO

Per ORS 390.835, the Ground Water Section is **able** to calculate ground water interference with surface water that contributes to a Scenic Waterway. The calculated interference is distributed below.

✓ Per ORS 390.835, the Ground Water Section is **unable** to calculate ground water interference with surface water that contributes to a scenic waterway; **therefore, the Department is unable to find that there is a preponderance of evidence that the proposed use will measurably reduce the surface water flows necessary to maintain the free-flowing character of a scenic waterway.**

Calculate the percentage of consumptive use by month and fill in the table below. If interference cannot be calculated, per criteria in 390.835, do not fill in the table but check the "unable" option above, thus informing Water Rights that the Department is unable to make a Preponderance of Evidence finding.

Exercise of this permit is calculated to reduce monthly flows in John Day Scenic Waterway by the following amounts expressed as a proportion of the consumptive use by which surface water flow is reduced.

[illegible]

10	50.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00
11	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00
12	80.00	0.00	0.00	0.00	0.00	0.00	0.00	80.00

DETAILED REPORT ON THE WATER AVAILABILITY CALCULATION

Water Availability as of 5/ 8/2008 for
JOHN DAY R > COLUMBIA R - AB LITTLE PINE CR

Watershed ID #: 213 Basin: JOHN DAY Exceedance Level: 80
Time: 10:47 Date: 05/08/2008

Month	Natural Stream Flow	Consumptiv Use and Storage	Expected Stream Flow	Reserved Stream Flow	Instream Require- ments	Net Water Available
1	98.00	1.33	96.70	0.00	25.00	71.70
2	124.00	1.52	122.00	0.00	25.00	97.50
3	165.00	1.66	163.00	0.00	34.00	129.00
4	229.00	17.70	211.00	0.00	34.00	177.00
5	242.00	38.00	204.00	0.00	34.00	170.00
6	160.00	50.40	110.00	0.00	25.00	84.60
7	101.00	72.40	28.60	0.00	15.00	13.60
8	64.50	56.20	8.29	0.00	34.00	-25.70
9	55.20	37.30	17.90	0.00	34.00	-16.10
10	87.10	14.70	72.40	0.00	25.00	47.40
11	94.60	1.18	93.40	0.00	25.00	68.40
12	100.00	1.27	98.70	0.00	25.00	73.70
Stor-50%	133000	17882	116000	0	20200	96000

DETAILED REPORT OF CONSUMPTIVE USES AND STORAGES

Water Availability as of 5/ 8/2008 for
JOHN DAY R > COLUMBIA R - AB LITTLE PINE CR

Watershed ID #: 213 Basin: JOHN DAY Exceedance Level: 80
Time: 10:47 Date: 05/08/2008

Mo	Storage	Irrig	Munic	Ind/Man	Commer	Domest	Agricul	Other	Total
1	0.60	0.00	0.49	0.15	0.03	0.03	0.04	0.00	1.33
2	0.79	0.00	0.49	0.15	0.03	0.03	0.04	0.00	1.52
3	0.93	0.00	0.49	0.15	0.03	0.03	0.04	0.00	1.66
4	1.27	15.70	0.49	0.15	0.03	0.03	0.04	0.00	17.70
5	1.60	35.70	0.49	0.15	0.03	0.03	0.04	0.00	38.00
6	1.33	47.80	0.98	0.15	0.03	0.03	0.04	0.00	50.40
7	0.54	70.60	0.98	0.15	0.03	0.03	0.04	0.00	72.40
8	0.33	54.70	0.98	0.15	0.03	0.03	0.04	0.00	56.20
9	0.31	35.80	0.98	0.15	0.03	0.03	0.04	0.00	37.30
10	0.41	13.50	0.49	0.15	0.03	0.03	0.04	0.00	14.60
11	0.45	0.00	0.49	0.15	0.03	0.03	0.04	0.00	1.18
12	0.54	0.00	0.49	0.15	0.03	0.03	0.04	0.00	1.27

DETAILED REPORT OF RESERVATIONS FOR CONSUMPTIVE USE

Water Availability as of 5/ 8/2008 for
JOHN DAY R > COLUMBIA R - AB LITTLE PINE CR

Watershed ID #: 213 Basin: JOHN DAY Exceedance Level: 80
Time: 10:47 Date: 05/08/2008

Reservations								
APP #	0	0	0	0	0	0	0	TOTAL
Status								
Use								
1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



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: Sam McDaniel
First Last

Mailing address: 27972 Indian CR RD
John DAY OR 97845
City State Zip

Phone: 541-820-4673 620-1028 620-0242
Home Work Other

*Fax: 541-820-4105 *E-Mail address: smd6024@yahoo.com

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

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WATER RESOURCES DEPT
SALEM, OREGON

For Department Use

App. No. G-16980

Permit No. _____

Date _____

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.

3. GROUND WATER DEVELOPMENT

A. Well Information

Number of well(s): 1

Name of nearest surface water body: Indian CK

Distance from well(s) to nearest stream or lake: 1) Indian CK + or - 2940 ft.

2) _____ 3) _____ 4) _____

If distance from surface water is less than one mile, indicate elevation difference between nearest surface water and well head. 1) Indian CK + - 3200 Well Head + or - 3600

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: _____

Address: _____

Completion date: _____

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**WATER RESOURCES DEPT
SALEM, OREGON**

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	8"	Steel 3", 25" Thick	140'	liner is perforated from 116' to 300 ft (3)	120'	66'	137'		300'

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:

N/A

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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WATER RESOURCES DEPT
SALEM, OREGON

Ground Water/3

G-16980

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)
WS 1	Rattlesnake formation 137ft to 218.5 ft	Irrigation	340 gpm	6 million gals	est. 340 gpm

C. Maximum Rate of Use Requested

What is the maximum, instantaneous rate of water that will be used? 340 gallons per minute +/- est.
(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 1st to October 31st
(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: 60 AC + or -
(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): 7.5
- ☐ 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" in Length 2500
- ☐ Other (describe) _____

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C. Application/Distribution Method

What equipment will you use to apply water to your place of use? MS pivot Irrigation (3 pivots)

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.

We ARE using pivots, To use water without
SO much waste

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: Feb 1, 2008

Proposed date construction will be completed: march 1 2008

Proposed date beneficial water use will begin: march 1 2008

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.

We Run out of water in July on
Indian CR, This is a Supplemental
water Source,

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WATER RESOURCES DEPT
SALEM, OREGON

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.)*

12/10/07
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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**WATER RESOURCES DEPT
SALEM, OREGON**



Oregon Water Resources Department

FORM I FOR IRRIGATION WATER USE

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

☐ Primary ☒ Supplemental

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

Primary: _____ Acres

Secondary: 60 Acres

List the permit or certificate number of the primary water right:

No. C-68489

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

1. HAY ☒ Full season ☐ Partial season (from: _____ to _____) March 1st to October 31st
2. _____ ☐ Full season ☐ Partial season (from: _____ to _____)
3. _____ ☐ Full season ☐ Partial season (from: _____ to _____)
4. _____ ☐ Full season ☐ Partial season (from: _____ to _____)

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

1080 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
- ☒ Other, explain: Daily depending on primary water source availability

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WATER RESOURCES DEPT
SALEM OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # 85022
START CARD # 184861

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

(1) LAND OWNER
Name SAM McDaniel Well Number
Address 27972 Little Indiana Cr Rd
City John Day State OR Zip 97845

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

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other

(4) PROPOSED USE
☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☒ No
Depth of Completed Well 300 ft.
Explosives used: ☐ Yes ☒ No Type Amount

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
12	0	120	GRAVEL	0	120	27 Sacks
4	120	300				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other

Backfill placed from _____ ft. to _____ ft. Material GRAVEL
Gravel placed from _____ ft. to _____ ft. Size of gravel

(6) CASING/LINER

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	8	+3	137	.25	☒	☐	☒	☐
Liner:	6	0	300	.188	☐	☒	☒	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s)

(7) PERFORATIONS/SCREENS

☒ Perforations Method Slot Cut
☐ Screens Type Screen Cut Material PVC

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
160	300	.188	6	6	6	☐	☒

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100	100%	300	1hr

Temperature of water 56 Depth Artesian Flow Found 172
Was a water analysis done? ☐ Yes By whom
☒ No water not suitable for drinking
☐ Salty ☐ Foul ☐ Odor ☐ Colored ☐ Other

Depth of strata: NOV 21 2007
DEC 13 2007

(9) LOCATION OF WELL (legal description)
County Grant
Tax Lot 2000 Lot
Township 13 South N or S Range 39 East E or W WM
Section 19 NE 1/4 SW 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address)
27972 Little Indiana Cr Road

(10) STATIC WATER LEVEL
66 ft. below land surface. Date 19 Sept 07
_____ ft. below land surface. Date
Artesian pressure _____ lb. per square inch Date

(11) WATER BEARING ZONES

Depth at which water was first found 137

From	To	Estimated Flow Rate	SWL
137	285	120 gpm	66

(12) WELL LOG

Ground Elevation 3582

Material	From	To	SWL
Top Soil	0	2	
Red Clay & Gravel	2	56	
Red Clay & GRAVEL	56	137	66
Red Clay & Gravel	137	285	
Red Clay & Gravel	285	300	

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SEP 24 2007

OCT 25 2007

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SALEM, OREGON

Date Started 30 July 07 Completed 1 Aug - 07

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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.

WWC Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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.

WWC Number 1712 Date 19 Sept 07

Signed James C. Wisk

EA

NO PART OF ANY STEVENS-NEEDS FORM MAY BE

STATE OF OREGON
County of Grant

SS

MEANS

KELLI D. MCDANIEL
644 NE SAVANNAH DR.
BEND, OR 97701

Grantor's Name and Address

SAMUEL L. MCDANIEL
27972 LITTLE INDIAN CREEK RD.
JOHN DAY, OR 97845

Grantee's Name and Address

After recording return to (Name, Address, Zip):

SAMUEL L. MCDANIEL
27972 LITTLE INDIAN CREEK RD.
JOHN DAY, OR 97845

Until requested otherwise, send all tax statements to (Name, Address, Zip):

SAMUEL L. MCDANIEL, IVAN R. MCDANIEL
SR., SHERRY L. MCDANIEL
27972 LITTLE INDIAN CREEK RD.
JOHN DAY, OR 97845

I certify that this instrument was received
and recorded in the book of records of
said county.

SS

ment was

recorded in

n/reception

and County.

ity affixed.

SPACE

RECOR

Grant County Clerk

by Deputy.

DOC#: 200719950 PG 1
RCPT: 71995 23.50
7/26/2007 3:09 PM

Deputy.

BARGAIN AND SALE DEED

KNOW ALL BY THESE PRESENTS that KELLI D. MCDANIEL, also known as KELLI DIANNE MCDANIEL

hereinafter called grantor, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto SAMUEL L. MCDANIEL, also known as SAMUEL LEE MCDANIEL, and IVAN R. MCDANIEL, SR., and SHERRY L. MCDANIEL, TRUSTEES OF THE MCDANIEL FAMILY TRUST, hereinafter called grantee, and unto grantee's heirs, successors and assigns, all of that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in GRANT County, State of Oregon, described as follows, to-wit:

Township 13 South, Range 33 East, Willamette Meridian, Grant County, Oregon:
Section 19: SW1/4.
(Tax Acct. 3-5 13-33 TL2000; Ref. 2208)

~~MCDANIEL FAMILY TRUST d/a/d 11/9/99~~ KM

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold the same unto grantee and grantee's heirs, successors and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$0. However, the actual consideration consists of or includes other property or value given or promised which is ☐ part of the ☐ the whole (indicate which) consideration. (The sentence between the symbols ☐ if not applicable, should be deleted. See ORS 93.630)

In construing this deed, where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and to individuals.

IN WITNESS WHEREOF, the grantor has executed this instrument on JUNE 18, 2007, and if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

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 AND TO DETERMINE ANY LIMITS ON LAWS/USAGES AGAINST "GRADING OR FOREST PRACTICES AS DEFINED IN ORS 30.020

Kelli D. McDaniel
Sherry L. McDaniel

STATE OF OREGON, County of Deschutes

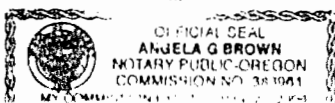
This instrument was acknowledged before me on JUNE 18, 2007
by KELLI D. MCDANIEL, also known as KELLI DIANNE MCDANIEL

This instrument was acknowledged before me on

by

as

of



Angela G. Brown
Notary Public for Oregon
My commission expires Aug. 22, 2008

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WATER RESOURCES DEPT
SALEM, OREGON

3-1692

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): Art 16.1 grant w/ land development code

☐ 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:	
		☐ 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 land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

irrigation and agricultural uses are
allowed outright in the EFU zone

Name: Shannon Springer Title: Planning Secretary
Signature: Shannon Springer Phone: 541-575-1519 Date: 12-10-07
Government Entity: Grant County Planning Department

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

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Applicant name: _____ DEC 13 2007

City or County: _____ Staff contact: _____ WATER RESOURCES DEPT

Signature: _____ Phone: _____ Date: _____ SALEM OREGON



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: Sam McDaniel
Mailing Address: 27972 Indian Creek Rd.
City: John Day State: OR Zip: 97845 Day Phone: 541-820-4673

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	1/4 1/4	Tax Lot #	Plan Designation (e.g. Rural Residential RR-5)	Water to be:	Proposed Land Use:
13S	33E	19	SW 1/4	2000	EFU	☒ Diverted ☒ Conveyed ☒ Used	irrigation
						☐ Diverted ☐ Conveyed ☐ Used	
						☐ Diverted ☐ Conveyed ☐ Used	
						☐ Diverted ☐ Conveyed ☐ Used	

List all counties and cities where water is proposed to be diverted, conveyed, or used. Grant County, Oregon
John Day

B. Description of Proposed Use

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

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

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

Estimated quantity of water needed: 340 ☐ 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: New Appropriation application from ground water for supplemental
Irrigation

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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WATER RESOURCES DEPT
SALEM, OREGON