



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: Forest Peters [Contract Purchaser]
First Last

Mailing address: 69420 North Sawtooth Road
Wasco OR 97065
City State Zip

Phone: 541-442-5245 541-298-6646
Home Work Other

*Fax: _____ *E-Mail address: _____

B. Organizations

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

Name of organization: Orchard View Farms, Inc. Agent for Forest Peters

Name and title of person applying: Contact: Bridget Bailey

Mailing address of organization: P. O. Box 1398
The Dalles OR 97058
City State Zip

Phone: 541-298-1808
Day Evening

*Fax: _____ *E-Mail address: _____

* Optional information

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NOV 29 2007

WATER RESOURCES DEPT
SALEM OREGON

For Department Use		
App. No. <u>G-16972</u>	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.

Contract seller is Jean McIntyre Joyce, Janice McIntyre Lishan, Donald McIntyre, Patrick Brown,
Jeanine Brown, Erin M. Provost, Amy K. Fischer, Lisa N. Brown DBA McIntyre Farm Partnership.
Partnership address is 1047 Lucky Lane, Ontario, OR. 97914

3. GROUND WATER DEVELOPMENT

A. Well Information

Number of well(s): 1(Well #4)

Name of nearest surface water body: Spanish Hollow Creek

Distance from well(s) to nearest stream or lake: 1) 3560 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) 150 feet

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: Austin Well Drilling

Address: 3393 Sandlin Road, The Dalles, OR 97058

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Completion date: 5/26/2007

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SALEM OREGON

G-16972

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
4	See	SHER 50206							

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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G-16972

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)
4		Irrigation	471	82,016,445	900
4		Supplemental Irrigation	710	36,495,200	900

C. Maximum Rate of Use Requested

What is the maximum, instantaneous rate of water that will be used? 2 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 to 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: 83.9 ac. prim. irrigation and 126.5 ac. supp'l. irrigation
(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): 20 to 30 hp centrifugal pump if water close to land surface
- Other means (describe): might need a submersible if pumping level not close enough to land surface

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 5280 feet

- Other (describe) _____

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**WATER RESOURCES DEPT
SALEM OREGON**

G-169772

C. Application/Distribution Method

What equipment will you use to apply water to your place of use? Solid set black poly pipe with
micro sprinklers. A line of poly pipe will go down every tree row.

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 micro sprinklers

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.

Soil moisture testing, micro or other low pressure/low volume sprinklers

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: January 1, 2007

Proposed date construction will be completed: October 1, 2009

Proposed date beneficial water use will begin: October 1, 2009

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.

Pending Application G-16760 is for the same use. We would like to see if this application will be approved.

If this application is approved, we will amend Application G-16760 to be all supplemental irrigation. To all us
the time to have this new application on Well #4 processed, we would like Application G-16760 put on an
administrative hold.

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SALEM OREGON

G-16978

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:



11/9/07

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 or call (503) 986-0900.

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SALEM OREGON

WRD on the web:
www.wrd.state.or.us

Ground Water/6

G-16972



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: 83.9 Acres

Secondary: 126.5 Acres

List the permit or certificate number of the primary water right: No. 82506 & Trans. 10123

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

- 1. Orchard [checked] Full season [] Partial season (from: ___ to ___)
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:

631.2 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
[checked] Other, explain: 24 hour sets once every 14 days

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WATER RESOURCES DEPT SALEM, OREGON

6-1169172

City of Wasco

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 this case, only the city planning agency must complete this form. Please request additional forms as needed or feel free to copy.

A. Allowed Use

Check the appropriate box below and provide 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): 3.1 / A-1. Go to section B "Approval" below.
- Land uses to be served by proposed water uses (including proposed construction) involve discretionary land use approvals as listed in the table below.

Type of Land Use Approval Needed (e.g. plan amendments, rezones, conditional use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Check the item that applies: 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

Note: Please attach documentation of applicable local land use approvals which have already been obtained. (Record of Action/land use decision and accompanying findings are sufficient.)

B. Approval

Please provide printed name and written signature.

Name: Cassie Struge Date: 11/29/06
 Title: City Clerk Phone: 541-442-5515
 Signature: Cassie Struge

C. Additional Comments

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

Note: If this form cannot be completed while the applicant waits, sign and detach the receipt stub as instructed below. 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

Name of applicant: _____

This receipt must be signed by a local government representative and returned to the applicant at the time they present this form. This receipt must be included with the application filed with the Water Resources Department if the local government cannot provide the requested land use information while the applicant waits.

City or County: _____
 Staff contact: _____ Phone: _____
 Signature: _____ Date: _____

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DEC 07 2006

WATER RESOURCES DEPT
SALEM, OREGON

G-16760



City of Wasco

Oregon Water Resources Department
Land Use Information Form

This information is needed to determine compatibility with local comprehensive plans as required by ORS 197.180. WRD will use this and other information to evaluate the water use application. 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, or exchange 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.

To Be Completed By Applicant

This section must be completed by the individual or group that is filing an application with the Water Resources Department. Attach a copy of the map from the application to this form.

A. Applicant

Name: Forest Peters
Address: 69420 North Sawtooth Road
City: Wasco State: OR Zip: 97065 Day Phone:

B. Land and Location

Please provide information as requested below for all tax lots on or through which water will be diverted, conveyed, or used. Check "diverted" if water is diverted (taken) from its source on tax lot, "conveyed" if water is conveyed (transported) on tax lot, and "used" if water will be put to beneficial use on tax lot. More than one box may be checked. (Attach extra sheets as necessary.) 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.

Table with 4 columns: Tax Lot I.D., Plan Designation (e.g. Rural Residential/RR-5), Water to be: (check all that apply), Proposed Land Use. Rows include tax lots IN 17 9 600 and IN 17 9 900.

List counties and cities where water is proposed to be diverted, conveyed, or used. Sherman County and City of Wasco

C. Description of Proposed Use

Indicate the type of application to be filed with the Water Resources Department.
Water Use Permit Water Right Transfer Allocation of Conserved Water Exchange

Indicate the intended use of water and describe the key characteristics of the project.
Commercial Industrial Instream Irrigation
Municipal Quasi-municipal Domestic (indicate number of households)
Other

Briefly describe: Construct a back up well and apply for 83.9 acres of additional land to irrigate and 126.5 acres of supplemental irrigation

Indicate the source of the water to be used.
Reservoir/Pond Ground Water Surface Water

Indicate the estimated quantity of water the use will require: 1.52 CFS GPM Acre-Feet

Last revised: 04/06/04

Receipt for Request for Land Use Information

State of Oregon
Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301-1271
(503) 986-0900

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WATER RESOURCES DEPT
SALEM, OREGON

G-16760

Sherman County

For Local Government Use Only

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- Land uses to be served by proposed water uses (including proposed construction) involve discretionary land use approvals as listed in the table below.

Type of Land Use Approval Needed (e.g. plan amendments, rezones, conditional use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Check the item that applies: Land Use Approval:	
Permitted use	Art. 3, Sec. 3.1, 2, (a)	<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

Note: Please attach documentation of applicable local land use approvals which have already been obtained. (Record of Action/land use decision and accompanying findings are sufficient.)

B. Approval

Please provide printed name and written signature.

Name: Georgia h. Maunab Date: 11-13-06
 Title: Planning Director Phone: 541-565-3601
 Signature: Georgia h. Maunab

C. Additional Comments

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

Note: If this form cannot be completed while the applicant waits, sign and detach the receipt stub as instructed below. 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.

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City or County: Sherman County
 Staff contact: Georgia h. Maunab Phone: 541-565-3601
 Signature: Georgia h. Maunab Date: 11/13/06

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WATER RESOURCES DEP
SALEM, OREGON



Sherman County

Oregon Water Resources Department Land Use Information Form

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Tax Lot I.D.	Plan Designation (e.g. Rural Residential/RR-5)	Water to be: (check all that apply)			Proposed Land Use
IN 17 9 600	<u>F-1</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Irrigation
IN 17 9 900	<u>Ac F-1</u>	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Irrigation
		<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	

List counties and cities where water is proposed to be diverted, conveyed, or used. Sherman County and City of Wasco

C. Description of Proposed Use

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Water Use Permit Water Right Transfer Allocation of Conserved Water Exchange

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Commercial Industrial Instream Irrigation
 Municipal Quasi-municipal Domestic (indicate number of households) _____
 Other _____

Briefly describe: Construct a back up well and apply for 83.9 acres of additional land to irrigate and 126.5 acres of supplemental irrigation

Indicate the source of the water to be used.

Reservoir/Pond Ground Water Surface Water _____

Indicate the estimated quantity of water the use will require: 1.52 ^(source) CFS GPM Acre-Feet

Last revised: 04/06/04

Receipt for Request for Land Use Information

State of Oregon
 Water Resources Department
 725 Summer Street NE, Suite A
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 (503) 986-0900

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WATER RESOURCES DEPT
 SALEM, OREGON

G-16760



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		<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
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Reservoir/Pond Ground Water Surface Water _____

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(source)

Last revised 04/06/04

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JAN 18 2008

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Note: Please attach documentation of applicable local land use approvals which have already been obtained. (Record of Action/land use decision and accompanying findings are sufficient.)

B. Approval

Please provide printed name and written signature.

Name: Georgia L. Maenab Date: 11-18-07
 Title: Sherman Planning Director Phone: 541-565-3601
 Signature: Georgia L. Maenab

C. Additional Comments

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City or County: Sherman
 Staff contact: Georgia Maenab Phone: 541-565-3601
 Signature: Georgia L. Maenab Date: 11-18-07



Oregon Water Resources Department Land Use Information Form

This information is needed to determine compatibility with local comprehensive plans as required by ORS 197.180. WRD will use this and other information to evaluate the water use application. 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, or exchange 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.

To Be Completed By Applicant

This section must be completed by the individual or group that is filing an application with the Water Resources Department. Attach a copy of the map from the application to this form.

A. Applicant

Name: Forest Peters
 Address: 69420 North Sawtooth Road
 City: Wasco State: OR Zip: 97065 Day Phone: _____

B. Land and Location

Please provide information as requested below for all tax lots on or through which water will be diverted, conveyed, or used. Check "diverted" if water is diverted (taken) from its source on tax lot, "conveyed" if water is conveyed (transported) on tax lot, and "used" if water will be put to beneficial use on tax lot. More than one box may be checked. (Attach extra sheets as necessary.) 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.

Tax Lot I.D.	Plan Designation (e.g. Rural Residential/RR-5)	Water to be: (check all that apply)	Proposed Land Use
IN 17 9 600		<input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	Irrigation
IN 17 9 900		<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	Irrigation
		<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	

List counties and cities where water is proposed to be diverted, conveyed, or used. Sherman County and City of Wasco

C. Description of Proposed Use

Indicate the type of application to be filed with the Water Resources Department.
 Water Use Permit Water Right Transfer Allocation of Conserved Water Exchange

Indicate the intended use of water and describe the key characteristics of the project.
 Commercial Industrial Instream Irrigation
 Municipal Quasi-municipal Domestic (indicate number of households) _____
 Other _____

Briefly describe: Construct back up well 4 and apply for 83.9 acres of additional land to irrigate and 126.5 acres of supplemental irrigation

Indicate the source of the water to be used.
 Reservoir/Pond Ground Water Surface Water _____
(source)

Indicate the estimated quantity of water the use will require: 1.52 CFS GPM Acre-Feet

Last revised 04/06/04

Receipt for Request for Land Use Information

State of Oregon
 Water Resources Department
 725 Summer Street NE, Suite A
 Salem, OR 97301-1271
 (503) 986-0900

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JAN 18 2008

**WATER RESOURCES DEPT
 SALEM, OREGON**

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 this case, only the city planning agency must complete this form. Please request additional forms as needed or feel free to copy.

A. Allowed Use

Check the appropriate box below and provide 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): 3.1. Go to section B "Approval" below.
- Land uses to be served by proposed water uses (including proposed construction) involve discretionary land use approvals as listed in the table below.

Type of Land Use Approval Needed (e.g. plan amendments, rezones, conditional use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Check the item that applies: 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

Note: Please attach documentation of applicable local land use approvals which have already been obtained. (Record of Action/land use decision and accompanying findings are sufficient.)

B. Approval

Please provide printed name and written signature.

Name: Cassie Streyer Date: 10/18/07
 Title: City Clerk Phone: 541-442-5515
 Signature: Cassie Streyer

C. Additional Comments

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

Note: If this form cannot be completed while the applicant waits, sign and detach the receipt stub as instructed below. 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

Name of applicant: _____

This receipt must be signed by a local government representative and returned to the applicant at the time they present this form. This receipt must be included with the application filed with the Water Resources Department if the local government cannot provide the requested land use information while the applicant waits.

City or County: _____
 Staff contact: _____ Phone: _____
 Signature: _____ Date: _____

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 JAN 18 2008
 WATER RESOURCES DEPT
 SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form

WELL ID # L 78909

(START CARD) # 185220

(1) OWNER:

Well Number: 2 # 4 well
Name **Orchard Blew Farms**
Address **4055 Skyline Rd.**
City **The Dalles** State **OR** Zip **97058**

(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 **380** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Amount
20	0	21	Cement	0	21	25 Sacks
12	21	170	Cement	0	152	80 Sacks
10	170	380				

How was seal placed: Method A B C D E

Other **14" Sealed C 10" Sealed A**

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:	14"	+2'	21'	.260	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10"	+3'	152'	.250	<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) **Cement Shoe 152 ft.**

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Baller Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
425	100%	379	1 hr.

Temperature of Water **58** Depth Artesian 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: **137 to 145**

(9) LOCATION OF WELL by legal description:

County **Sherman** Latitude _____ Longitude _____
Township **1N** N or S. Range **17E** E or W. of WM.
Section **9** SW 1/4 **SE** 1/4
Tax lot **900** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **1/4 Mile north of Hwy 97 on Clark Rd.**

(10) STATIC WATER LEVEL:

146 ft. below land surface. Date **05/27/2007**
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	145	90	115
367	380	425	146

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
Soil	0	8	
Rock Fract. Brown	8	16	
Basalt Hard Gray	16	137	
Rock Fract. Med. Brown W/B	137	145	115
Basalt Med. Black	145	167	
Basalt Med. Gray	167	188	
Basalt Med. Black	188	367	
Rock Med. Brown W/B	367	380	146

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JAN 18 2008

JUN 07 2007

WATER RESOURCES DEPT
SALEM, OREGON

WATER RESOURCES DEPT
SALEM, OREGON

Date started **03/23/2007**

Completed **05/26/2007**

(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 my best knowledge and belief.

Signed _____

WWC Number _____
Date _____

(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.

Signed _____

WWC Number **790**
Date **06/04/2007**

Charles Austin

G-16972

#3 well

SHER 50201

STATE OF OREGON WATER SUPPLY WELL REPORT

WELL ID # L 78908

(START CARD) # 185209

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

(1) OWNER: Well Number: _____
 Name Orchard View Farms Inc.
 Address 4055 Skyline Rd.
 City The Dalles, State OR Zip 97058

(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 177 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Amount	
12"	0	116	Cement	0	107	38 Sacks	
10"	116	177					

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: 10"	+3	107	.250	<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) Drive shoe 107'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
180	154'		1 hr.

Temperature of Water 54 Depth Artesian 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 Sherman Latitude _____ Longitude _____
 Township 1N N or S Range 17E E or W. of WM.
 Section 9 SW 1/4 SE 1/4
 Tax lot 900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Near Clark Street

(10) STATIC WATER LEVEL:
97 ft. below land surface. Date 03/18/2007
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 138

From	To	Estimated Flow Rate	SWL
138	176	180	97

(12) WELL LOG:

Material	From	To	SWL
Soil	0	8	
Gravel & Clay	8	18	
Rock Fract. Med. Brown	18	45	
Rock Fract Med Reddish Brown	45	47	
Basalt Fract Med. Black W/Brown seams	47	57	
Basalt Hard Gray	57	82	
Rock Fract. Med. Brown	82	97	
Basalt Med. Black	97	138	
Rock Fract. Med. Brown W/Soapstone	138	178	97
Claystone Yellow	178	180	

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WATER RESOURCES DEPT
SALEM OREGON

Date started 02/20/2007 Completed 03/18/2007

(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 my best knowledge and belief.

Signed _____ WWC Number _____
 Date _____

(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.

Signed Charles Austin WWC Number 790
 Date 03/28/2007

G-16972

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WATER WELL REPORT
STATE OF OREGON

APR 17 1981

WATER RESOURCES DEPT
SALEM, OREGON

SHERMAN
266C

State Well No.

N/17E-9ad

State Permit No.

(1) OWNER:

Name Francis W. Peters
Address Star Route
City Wasco State OR 97065

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: (4) PROPOSED USE (check):

Rotary Air Driven Domestic Industrial Municipal
Rotary Mud Dug Irrigation Test Well Other
 Bored Thermal: Withdrawal Reinjection

(5) CASING INSTALLED: Steel Threaded Plastic Welded
20" +1 28" .250
16" Diam. from +1 ft. to 110 ft. Gauge .250
10" Diam. from +2 ft. to 385 ft. Gauge .312

LINER INSTALLED:
" Diam. from ft. to ft. Gauge

(6) PERFORATIONS: Perforated? Yes No

Type of perforator used
Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS: Well screen installed? Yes No

Manufacturer's Name
Type Model No.
Diam. Slot Size Set from ft. to ft.
Diam. Slot Size Set from ft. to ft.

(8) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom?
d: gal./min. with ft. drawdown after hrs.
Air test 800 Est. gal./min. with drill stem at 535 ft. 4 hrs.
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow 70 g.p.m. @ 10 PSI shutin
Temperature of water 61 Depth artesian flow encountered 393 ft.

(9) CONSTRUCTION: Special standards: Yes No

Well seal—Material used ..Cement..Grout...(neat)
Well sealed from land surface to 385 ft.
Diameter of well bore to bottom of seal 15 3/8 in.
Diameter of well bore below seal 12 in.
Number of sacks of cement used in well seal 348 + sacks
How was cement grout placed: Casing capped with 2" line to 361 ft. Casing filled with water for hydrostatic pressure and grout pumped through line

Was pump installed? No Type HP Depth ft.
Was a drive shoe used? Yes No Plugs Size: location ft.
Did any strata contain unusable water? Yes No
Type of Water? depth of strata
Method of sealing strata off
Was well gravel packed? Yes No Size of gravel: ft.
Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Sherman Driller's well number 81-03
SE 1/4 NE 1/4 Section 9 T. 1N R. 17E W.M.
Tax Lot # Lot Blk Subdivision
Address at well location: WASCO

(11) WATER LEVEL: Completed well.

Depth at which water was first found 8 ft.
Static level ft. below land surface, Date
Artesian pressure 10 lbs. per square inch, Date 3/17/81

(12) WELL LOG: Diameter of well below casing12"

Depth drilled 543 ft. Depth of completed well 540 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Topsoil with sand	0	8	
Clay with sand	8	23	8
Basalt grey	23	31	
Coarse Sand WR	31	63	
Basalt grey	63	71	
Gravel fine WR	71	107	
Basalt grey fract.	107	110	
Basalt grey hard W/fractures	110	347	
Shale, black soft loose WR	347	354	
Basalt black hard	354	393	
Basalt black XXXX Fract WR med	393	412	Flow
Basalt black hard Fract	412	422	
Basalt Black med	422	427	
Basalt black hard W/fract.	427	520	
Basalt black very hard	520	540	

Work started 21 Jan. 1981 Completed 18 Mar. 1981
Date well drilling machine moved off of well 18 Mar. 1981

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
(Signed) [Signature] Date 8 Mar, 1981
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1293

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Marinelli Drilling Co.
(Person, firm or corporation) (Type or print)

Address P.O. Box 571 Lake Oswego, OR. 97034
(Signed) [Signature]
(Water Well Contractor)

Contractor's License No. 672 Date 18 Mar. 1981

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date of well completion.

SP*12658-690

G-16972

October 10, 2007

Oregon Water Resources Department
725 Summer Street NE, Suite "A"
Salem, Oregon 97301-1271

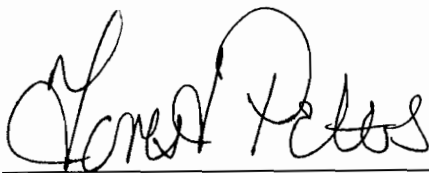
Reference: Application G-16760

We request that Application G-16760 be placed on Administrative Hold.

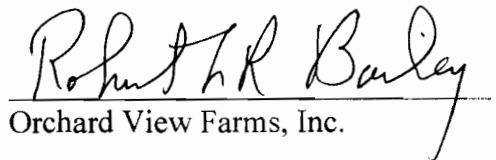
With this letter is a new Ground Water Application for Well #4. Well #3, under Application G-16760, does not yield the amount of water expected or required for the orchard. Well #4 will be needed for this purpose. In the new application, we are requesting that Well #4 be the primary source for the 83.9 acres listed as primary on Application G-16760. If OWRD approves the new Ground Water Application on Well #4, we propose to amend Application G-16760 to be entirely supplemental for the 210.4 acres of irrigation.

Once again, please place Application G-16760 on Administrative Hold to allow for the processing of the new Ground Water Application. An amended map and amended pages for Application G-16760 can be provided when needed.

Sincerely yours,



Forest Peters



Orchard View Farms, Inc.

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NOV 29 2007

WATER RESOURCES DEPT
SALEM, OREGON

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:** Potential for water-level declines and overdraft of the resource exists virtually everywhere the Columbia River Basalt aquifers are developed, especially east of the Cascades where recharge is small. Condition 7N is currently being recommended for basalt wells.

Water levels appear to be relatively stable in the area.

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: This aquifer is typically confined in this area.

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	Unn trib Spanish Hollow	1304	1400	1000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1	2	Spanish Hollow	1304	1300	4000	<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"/>

Basis for aquifer hydraulic connection evaluation: The elevation of the water-bearing zone and depth of seal suggest a poor hydraulic connection with nearby reaches of the creeks. Hydraulic connection is more likely with a downstream reach of Spanish Hollow.

Water Availability Basin the well(s) are located within: No WAB data in this area.

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"/>

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; recent nearby reviews, especially G-16760; regional geologic mapping.

D. WELL CONSTRUCTION, OAR 690-200

D1. Well #: 4 Logid: SHER 50206

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).**

LETTER OF TRANSMITTAL

TO: Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301

Date: 1/17/2008	Work Order 11810
Attention Water Rights	
RE: Application G-16972	
Forest Peters	

ENCLOSED ARE THE FOLLOWING:

QUANTITY	DESCRIPTION
1	LEGAL DESCRIPTION
1	(4 pgs) LAND USE FORM
1	WELL LOG
1	MAP
1	ASSESSOR'S MAP

THESE ARE TRANSMITTED (as checked below)

- For approval As requested Filing/Recording
 For your use Approved as noted For your review & approval

Remarks: These are for placement in Application G-16972	SF Blueline	
	SF Mylar	
	Xerox	
	Tube, Mailer, Etc.	
	P & H	
	TOTAL	

PICKED UP BY:
 DELIVERED BY:
 COPY TO:

RECEIVED

JAN 18 2008

WATER RESOURCES DEPT
SALEM, OREGON BY: Larry M. Toll, C.W.R.E
 ltoll@tennesoneng.com

If enclosures are not as noted, please notify us at once.

G-16972

ATTACHED LEGAL DESCRIPTION

PARCEL 1:

The Southeast quarter of Section 9, Township 1 North, Range 17 East of the Willamette Meridian, in the County of Sherman and State of Oregon.

PARCEL 2:

All that portion of the Northeast quarter of Section 9, Township 1 North, Range 17 East of the Willamette Meridian, in the County of Sherman and State of Oregon, which lies Southerly of the South right-of-way line of the Oregon-Washington Railroad and Navigation Company, EXCEPTING THEREFROM that portion conveyed to Philip G. O'Meara et ux., by deed recorded Book 33, Page 155, Sherman County Deed Records;

ALSO EXCEPTING THEREFROM, that portion conveyed to Philip G. O'Meara et ux., by deed recorded September 18, 1958 in Book 34, Page 143, Sherman County Deed Records;

ALSO EXCEPTING THEREFROM, that portion conveyed to Philip G. O'Meara et ux., by deed recorded September 18, 1958 in Book 34, Page 144, Sherman County Deed Records;

ALSO EXCEPTING THEREFROM that portion conveyed to Pacific Power & Light Company by deed recorded February 20, 1956 in Book 32, Page 141, Sherman County Deed Records,, Sherman County Deed Records;

ALSO EXCEPTING THEREFROM that portion conveyed to the Columbia Southern Railway Company by deed recorded July 7, 1897 by deed recorded in Book D, Page 614, Sherman County Deed Records;

ALSO EXCEPTING THEREFROM that portion platted as McPherson's First Addition;

ALSO EXCEPTING THEREFROM that portion platted as McPherson's Second Addition;

ALSO EXCEPTING THEREFROM beginning at the Southwest corner of Block 4, McPHERSON'S FIRST ADDITION to Wasco; thence South 400 feet; thence East 300 feet; thence North 400 feet; thence West 300 feet to the point of beginning.

ALSO EXCEPTING: Beginning 400 feet South of the Southwest corner of Block 4, McPherson's First Addition to the Town (now City) of Wasco, County of Sherman, State of Oregon; thence South 80 feet; thence East 300 feet; thence North 80 feet; thence West 300 feet to the point of beginning

RECEIVED

JAN 18 2008

**WATER RESOURCES DEPT
SALEM, OREGON**

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DEC 07 2006

WATER RESOURCES DEPT
SALEM, OREGON

G-16760 G-16972