

WATER RESOURCES DEPARTMENT

RECEIPT # 90926

725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172
(503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

RECEIVED FROM: Mark R. Selrock
BY: _____

APPLICATION	G-16979
PERMIT	
TRANSFER	

CASH: CHECK.# 811 OTHER: (IDENTIFY) _____

TOTAL REC'D \$ 1,100.00

1083 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES \$
OTHER: (IDENTIFY) \$

0243 I/S Lease _____ 0244 Muni Water Mgmt. Plan _____ 0245 Cons. Water _____

4270 WRD OPERATING ACCT

MISCELLANEOUS PCA 4611

0407	COPY & TAPE FEES	\$
0410	RESEARCH FEES	\$
0408	MISC REVENUE: (IDENTIFY)	\$
TC-162	DEPOSIT LIAB. (IDENTIFY)	\$
0240	EXTENSION OF TIME	\$

WATER RIGHTS:

0201	SURFACE WATER	EXAM FEE	0202
0203	GROUND WATER	\$ <u>800.00</u>	0204
0205	TRANSFER	\$	

RECORD FEE
\$
\$ <u>300.00</u>

WELL CONSTRUCTION

0218	WELL DRILL CONSTRUCTOR	EXAM FEE	0219
	LANDOWNER'S PERMIT	\$	0220
	OTHER (IDENTIFY)		

LICENSE FEE
\$
\$

0536 TREASURY 0437 WELL CONST. START FEE

0211	WELL CONST START FEE	\$
0210	MONITORING WELLS	\$
	OTHER (IDENTIFY)	

CARD #
CARD #

0607 TREASURY 0467 HYDRO ACTIVITY LIC NUMBER

0233	POWER LICENSE FEE (FWWRD)		\$
0231	HYDRO LICENSE FEE (FWWRD)		\$
	HYDRO APPLICATION		\$

TREASURY OTHER / RDX

FUND _____ TITLE _____
OBJ. CODE _____ VENDOR # _____
DESCRIPTION _____

\$ _____

RECEIPT: 90926

DATED: 12/2/07 BY: [Signature]

Standard Application Completeness Checklist.

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

Application G 16979 Township 23 S
Priority Date 12-12-2007 Range 33 E
Use(s) IRRIG. Section 16
Rate 2 CFS POA Loc NW SW
County HARNEY POU Loc SW 1/4
W.M. 10 Caseworker JOE P

Applicant/Organization Name, Mailing Address and Telephone Number.

Source of water. If stored water, is the stored water component filed out, including a non-expired agreement for stored water must be included. (ORS 537.400)

Property ownership indicated.

If applicant does not own all the land, the affected landowner's name and mailing address must be listed.

If applicant does not own all the land, a statement declaring the existence of either written authorization or an easement permitting access to land crossed by the proposed ditch canal or other work must be submitted.

Groundwater development section (Page 3 and 4, Section B) or a well log report.

Proposed use of water. If supplemental, list primary water right acreage if applicable.

Enclosed Supplemental Form for each proposed use.

160 ACRES

Form I (Irrigation)

Form M (Municipal or Quasi-Municipal)

Form R (Mining)

Form Q (Commercial or Industrial)

Spring Description Sheet

Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)

Period of use

Water management section (Please estimate if the water system has not been designed).

Resource Protection Section (Page 6, Section 5).

Project schedule (If system is already completed, indicate "existing").

For reservoir applications ~~storing more than 9.2 acre feet~~, and a dam height of more than 10 feet, preliminary plans and specifications for dam and impoundment are required.

If ~~the above is statement is checked~~, the map must be prepared by a CWRE.

All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink. *Signature must be an original "wet" signature.*

You must include a Legal description of the property involved that includes a metes and bounds, or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or you may submit a lot book report prepared by a title company. The Department will not accept a copy of the tax bill.

A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. *Date of signature must be within the past 12 months. Signature must be an original "wet" signature.*

The map must meet all the minimum requirements of OAR 690-310-0050.

Township, Range, Section

Location of main canals, ditches, pipelines or flumes

Place of use, 1/4, 1/4's and tax lot clearly identified

Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.)

Location of each diversion point well or dam by reference to a recognized public land survey corner

North Directional Symbol

Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture

Other REPAIRED / INITIALED BY FAX

Reference corner on map

Each point of diversion coordinate

Fees: Amount of water requested 2 cfs

Base Fee \$ 500

Total Exam Fee \$ 800

1st CFS/AF 200

Total Paid \$ 1100⁰⁰

1 Addtn'l CFS/ AF @ 100 = 100

Amount Due \$ ALL FEES PAID

 Addtn' POD @ =

Reviewed by: JHM

Date: 12-14-2007

IR CHECKLIST

Application #: G-16979 Applicant: MARK SCHROCK

Use(s): IRRIGATION USE ON 160.0 ACRES Priority Date: DECEMBER 12, 2007

MU or QM NA will complete construction within 20 years
 Fujii reviewed recommendations _____

Is the application complete? No Yes

ORS 538 prohibits use No Yes If so, do not do an IR; return the application & fees to the applicant.

DIV 9 NA will likely be available... will not likely be available... will, if properly conditioned...

classify as surface water well _____ has PSI with _____

(include basin map if true) well _____ is within 1N 3E 20, 21, 28, 29 GWLA CGWA _____

GW conditions 7N _____

DIVISION 33 NA No above Bonneville, and not allowed 4/15 - 9/30
 below Bonneville
 statewide

SW Availability NA 80% live 50% storage _____ WID: _____

Use DWF's nonstandard W/A memo if the source is a Drews Reservoir tributary; the Snake River; the Columbia River; the North Umpqua River below Rock Creek; or within the drainages of the Lost River, Chehalem Creek, or Champoeg Creek (including Mission & Case Creeks)

POU conflict NA No No, different sources No, make up a deficiency in rate No, existing not at max. rate
 Yes _____

Use is supplemental, checked for primary rights w/ diff source NA Yes limits _____

Use is allowed not allowed limited OAR Compact _____

Requested Use/Rate/Season 2 cfs / IR / 3/1-10/31 160 acres

Allowed Use/Rate/Season Yes Limit 1/30 Duty 3

Land use approved not approved being pursued county notified NA

Storage contract NA BOR Doug Co Corp of Eng needed obtained _____

Authorized agent specified NA needed Yes _____

Conditions: _____

Small ≤ 0.1 CFS, ≤ 9.2 AF, Medium > 0.1 and < 1.5 CFS, > 9.2 and < 100 AF, Large ≥ 1.5 CFS, ≥ 100 AF
Use at least "Medium" when the source is Siltcoos Lake, Sandy Basin GW, or stored water with a contract.
Use "Large" for temp control (including NU), or HC above a SWW, Tenmile Lake, or if applicant is a government entity
Use "Large-7g" or "Large-7i" if GW recommends 7g or 7i
Use "Large with totalizing flow meter" for IR permits in South Salem Hills or IR over 10 Ac. in Stage Gulch CGWA

Stream is withdrawn NA No Yes, allows use/season _____

Basin Maps have been checked NA Yes limits _____

SWW NA above within _____ (If GW and interference, copy form for Stahr.)

Application #: G-16979 Applicant: MARK SCHROCK

Use is within a **high priority area for streamflow restoration** NA No Yes

Letter format good limited bad bad w/ rate reduction opportunity bad w/ HC opportunity

POD is within **North Umpqua settlement reach** and the spreadsheet was updated NA Yes

Forms NA DIV 33 basin map HC except spring description other _____

Copy to NWR WM # 10 ODFW CRIFC
 NCR agent DEQ US Fish & Wildlife
 ER CWRE DOA NW Planning Council
 SWR State Parks CTUIR

DOA Food Safety Division city _____
(bottled water) (w/in 5-mile muni wells)

Prior to permit, applicant must submit NA storage contract easement plans/specs evidence of well repair

App and map meet **min. requirements** Yes No _____
(If not, send IR certified)

E-mailed Tim, including note if negative? No Yes

<input checked="" type="checkbox"/> Fees <u>500</u> CFS	Base	<u>500</u>
_____ AF	Up to 1 CFS	<u>200</u>
	_____ Add'l CFS @ _____	<u>100</u>
	Up to 20 AF	_____
	_____ Add'l AF @ _____	_____
	Add'l <input type="checkbox"/> POD/POA <input type="checkbox"/> use +	_____
	Exam Fee Required =	<u>800</u>
	Exam Fee Paid	<u>800</u>
	Still Owed	<u>0</u>

300 Record paid

Name: Joel Plahn Date: 5/16/2008 Peer Reviewer: _____

The purpose of this checklist is to be used as a working document by Department staff to aid in the production of the related Initial Review, Proposed Final Order, or Final Order. It is not intended to be a complete record of all factors which were considered to produce the document, nor is it intended to serve any purpose other than that stated above. The related Initial Review, Proposed Final Order, or Final Order is intended to stand alone as the record of factors considered in its production.

Point of Diversion Characteristics

Right:	App:G 16979 *
Name:	MARK SCHROCK

TRSQQ: 23.00S-33.00E-16-NWSW

POD(s): POD 01 - A WELL > MALHEUR SL

County: Harney

Basin: Malheur Lake

WM District: 10

WM Region: E

Withdrawn Area:

WAB: MALHEUR SL > MALHEUR L - AB NINEMILE SL (31200107)

Priority WAB:

Rule 4D:

Groundwater Restricted Area:

Scenic Water Way:

Division 33: STATEWIDE

Water Quality Limited:

DIVISION 512**MALHEUR LAKE BASIN PROGRAM PROVISION****690-512-0040****Water Availability**

(1) Except as provided in section (3) of this rule, the Department shall not accept an application for permit, or issue a permit, for any use of surface water, or of groundwater the use of which has the potential to substantially interfere with surface water, in the Malheur Lake Basin unless the applicant shows, by a preponderance of evidence, that unappropriated water is available to supply the proposed use at the times and in the amounts requested. The evidence provided shall be prepared by a qualified hydrologist or other water resources specialist and shall include:

(a) Streamflow measurements of gage records from the source or, for use of groundwater, the stream in hydraulic connection with the source; or

(b) An estimate of water availability from the source or, for use of groundwater, the stream in hydraulic connection with the source which includes correlations with streamflow measurements or gage records on other, similar streams and considers current demands for water affecting the streamflows.

(2) The criteria used in determining if the use of groundwater has the potential to substantially interfere with surface water shall be those established in OAR Chapter 690, Division 9.

(3) This rule shall not apply to issuance of:

(a) Instream water rights;

(b) Permits for storage of water between March 1 and May 31 if the application is not required to be referred to the Commission under OAR 690-011-0080(2)(a)(C); or

(c) Permits for use of water legally stored.

Stat. Auth.: ORS 536.300 & ORS 536.340

Stats. Implemented:

Hist.: WRD 3-1985, f. & cert. ef. 3-28-85; WRD 23-1990, f. & cert. ef. 12-14-90;

Administrative Renumbering 1-1993, Renumbered from 690-080-0120

Place of Use Conflict Report

The following rights have acreage in the same quarter-quarter as App:G 16979 *

Water Right Conditions Tracking Slip

Groundwater/Hydrology Section

FILE ## G-16979

ROUTED TO: Water Rights

TOWNSHIP/

RANGE-SECTION: 22S/33E-16 cb

CONDITIONS ATTACHED? Yes No

REMARKS OR FURTHER INSTRUCTIONS:

Reviewer: Mike Zwart

PUBLIC INTEREST REVIEW FOR GROUND WATER APPLICATIONS

TO: Water Rights Section Date May 7, 2008

FROM: Ground Water/Hydrology Section Michael Zwart

Reviewer's Name

SUBJECT: Application G- 16979 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: Mark Schrock County: Harney

A1. Applicant(s) seek(s) 2.0 cfs from one well(s) in the Malheur Lake Basin,
subbasin Quad Map: Carson Point

A2. Proposed use: Irrigation, 160 acres (P) Seasonality: March 1 to October 31

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

Well	Logid	Applicant's Well #	Proposed Aquifer*	Proposed Rate(cfs)	Location (T/R-S QQ-Q)	Location, metes and bounds, e.g. 2250' N, 1200' E fr NW cor S 36
1	Proposed	1	Basin fill seds.	2.0	23S/33E-16 NW-SW	140' S, 1640' W fr Ctr S 16
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	4127	130			150	0-20	0-150	None	130-150?			

Use data from application for proposed wells.

A4. **Comments: Applicant states (in remarks) that a second well is contemplated if this well is unable to produce the requested rate. Since the application only includes one well, this would need to be done through the transfer process.**

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

Comments: _____

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

Name of administrative area: _____

Comments: _____

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

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

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

- B2.
- a. **Condition** to allow ground water production from no deeper than _____ ft. below land surface;
 - b. **Condition** to allow ground water production from no shallower than _____ ft. below land surface;
 - c. **Condition** to allow ground water production only from the _____ 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:** This well is about 8 miles north of an area where local well owners have expressed some concern about well interference and ground-water availability. Currently, a water-level recorder has been monitoring water levels at one well and several other wells have been selected for quarterly monitoring. Insufficient data have yet been collected to conclude that the ground-water resource is over appropriated or that additional appropriations would cause substantial interference with existing users of ground water. Region Manager Ivan Gall recommends use of Condition 7N in the Harney Basin.

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	Basin-fill sediments: sand, clay and some sandstone (Qal)	<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"/>

Basis for aquifer confinement evaluation: Regionally, the basin-fill aquifer is unconfined and discharges to Malheur Lake.

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	Malheur Slough	4050±	4123	10000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Basis for aquifer hydraulic connection evaluation: Malheur Slough is dry in most years and therefore is not considered for Division 9 reviews, per memo by Ivan Gall, January 15, 2008.

Water Availability Basin the well(s) are located within: MALHEUR SL > MALHEUR L - AB NINEMILE SL (31200107).

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 recent reviews; GW Report 16, by Leonard, 1970; Greene, Walker, and Corcoran, 1972, Geologic Map of the Burns Quadrangle, Oregon, USGS Miscellaneous Geologic Investigations Map I-680; Memo by Ivan Gall, 1/15, 2008, Stream Assessment for Division 9 Review in the Malheur Lakes Basin.

D. WELL CONSTRUCTION, OAR 690-200

D1. Well #: _____ Logid: _____

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).**

Mailing List for IR Copies

Application #G-16979

IR Date: May 23, 2008

Original mailed to applicant:

MARK SCHROCK , 66402 CRANE BUCHANAN RD, BURNS, OR 97720

Copies sent to:

1. WRD - File # G-16979
2. WRD - Water Availability: Ken Stahr

Copies Mailed By: <u>JSB</u> (SUPPORT STAFF) on: <u>5/23/08</u> (DATE)
--

IR, Map, and Fact Sheet Copies sent to:

3. WRD - Regional Manager (not SCR): ER
4. WRD - Watermaster # 10
5. Department of Agriculture

Copies sent to Other Interested Persons (CWRE, Agent, Well Driller, Commenter, etc.)

Caseworker: Joel Plahn

COPYSHT.IR

G-16979

NEW APPLICATIONS (GROUND WATER, RESERVOIR, & SURFACE) ROUTE SLIP

RECEIPTING 12/13/07 *JS*
POST CARD SENT 12-17-2007 *JONNIE FRIEM*
DATA CENTER 12-21-07

GEOLOGY REVIEW YES NO
ENFORCEMENT YES NO

WATER RIGHTS SUPPORT *MS*

<u>Caseworker:</u>		
Alyssa Mucken	986-0853	<input type="checkbox"/>
Brook Geffen	986-0808	<input type="checkbox"/>
Jeana Eastman	986-0859	<input type="checkbox"/>
Joel Plahn	986-0815	<input checked="" type="checkbox"/>
Kerry Kavanagh	986-0816	<input type="checkbox"/>

A "Standard Reservoir" storing 9.2 acre-feet or more of Water & has a dam height of 10.0 feet or greater needs to have a copy of the application & supplemental forms routed to "DAM SAFETY"



ACCEPTED

Handwritten signature

ATTN: WATER RIGHTS SUPPORT....>>>> Mark contents of file with application number; Update the WRIS Database with caseworkers name. Route file to Caseworker.

