

Standard Application Completeness Checklist

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

REPAIR OF A RETURN

Application G-16961 Township 23 S
Priority Date 11-14-2007 Range 32 1/2 E
Use(s) IRRIG Section 13
Rate ONE CFS POA Loc NW SW
County HARNEY POU Loc W 1/2 SW 1/4
W.M. 10 Caseworker ALYSSA M

Applicant/Organization Name, Mailing Address and Telephone Number, application signed in ink.

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.

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.

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 6 months.*

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 _____

Reference corner on map

Each point of diversion coordinate

Fees: Amount of water requested ONE CFS

Base Fee \$ _____

Total Exam Fee \$ 700

1st CFS/AF _____

Total Paid \$ 1000

___ Addtn'l CFS/ AF @ ___ = _____

Amount Due \$ 0

___ Addtn' POD @ ___ = _____

Reviewed by: RJM

Date : _____

IR CHECKLIST

Application #: G-16961 Applicant: FRED TEUTSCH

Use(s): IRRIGATION USE ON 80.0 ACRES Priority Date: November 14, 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 in _____

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 irrigation / 1 cfs / March - Oct 31

Allowed Use/Rate/Season 1 yr. / 100 80 = 1 cfs / March - Oct 30 / Limit 3 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: Medium _____

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-16961 Applicant: FRED TEUTSCH

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

<input type="checkbox"/> NWR	<input type="checkbox"/> WM # <u>10</u>	<input type="checkbox"/> ODFW	<input type="checkbox"/> CRIFC
<input type="checkbox"/> NCR	<input type="checkbox"/> agent	<input type="checkbox"/> DEQ	<input type="checkbox"/> US Fish & Wildlife
<input checked="" type="checkbox"/> ER	<input type="checkbox"/> CWRE	<input type="checkbox"/> DOA	<input type="checkbox"/> NW Planning Council
<input type="checkbox"/> SWR		<input type="checkbox"/> State Parks	<input type="checkbox"/> CTUIR

DOA Food Safety Division (bottled water) city _____ (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>1</u> CFS	Base	<u>500</u>
	AF	Up to 1 CFS	<u>200</u>
		____ Add'l CFS @ _____	_____
		Up to 20 AF	_____
		____ Add'l AF @ _____	_____
		Add'l <input type="checkbox"/> POD/POA <input type="checkbox"/> use +	_____
		Exam Fee Required =	<u>700</u>
		Exam Fee Paid	<u>700</u>
		Still Owed	<u>-</u>

*Recorded fee of 300 - paid **

Name: Brook Geffen Date: 5/23/2008 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.

Application Checklist

- Groundwater development section (Page 2, Section 3 and/or Page 3, Section 2) or a well log report. *Must be completely filled out.*
- 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.
- The map must meet all the minimum requirements of OAR 690-310-0050.
 - Location of each diversion point well or dam by reference to a recognized public land survey corner
 - Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture
 - Reference corner on map

 - Each point of diversion coordinate
- Fees: Amount of water requested 0.5 cfs

Base Fee \$500

1st CFS/AF \$200

Total Exam Fee \$700

Total Paid \$1000 (includes \$300 recording fee)

Reviewed by: Herb Mosgar

Date November: 1, 2007

groups/wr/Customer Service Group/App-checklist-standard.doc

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NOV 14 2007
WATER RESOURCES DEPT
SALEM OREGON

- 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.

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 6 months.* 23 OCT 07

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

- | | |
|---|--|
| <input type="radio"/> Township, Range, Section | <input type="radio"/> Location of main canals, ditches, pipelines or flumes |
| <input type="radio"/> Place of use, 1/4, 1/4's and tax lot clearly identified | <input type="radio"/> Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) 1" = 500 FT. |
| <input type="radio"/> Location of each diversion point well or dam by reference to a recognized public land survey corner | <input type="radio"/> North Directional Symbol |
| <input type="radio"/> Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture | <input type="radio"/> Other _____ |

Reference corner on map

Each point of diversion coordinate

Fees: Amount of water requested _____

Base Fee \$ _____

Total Exam Fee \$ 700

1st CFS/AF _____

Total Paid \$ 1000

___ Addtn'l CFS/ AF @ ___ = ___

Amount Due \$ CHECK RETURNED

___ Addtn' POD @ ___ = ___

Reviewed by HERB MASGAR

Date NOV 1 2007

503 986 0804



Oregon

Theodore R. Kulongoski, Governor

Water Resources Department

North Mall Office Building
725 Summer Street NE, Suite A
Salem, OR 97301-1271
503-986-0900
FAX 503-986-0904

November 1, 2007

Fred E. Teutsch
70112 N. Newton Road
Burns, Oregon 97720

Dear Fred E. Teutsch:

The Water Resources Department has received your application to use water. At this time however, we are unable to accept your application, because the minimum filing requirements are not met according to the Oregon Administrative Rules (OAR 690-310-0040 and 0050).

We are hereby returning the incomplete application and the fees submitted. Please return the application, the required information, and this checklist, so the Department may begin processing your application in a timely manner.

This review is based only on the completeness of your application. Any determination of water availability, compliance with basin plan rules, or any other water related issues has not been made.

Should you have any questions, please do not hesitate to contact Herb Mosgar at the address above or by telephone at 503-986-0804.

Sincerely,

Jerry Sauter
Water Rights Program Analyst

Cc: OWRD Fiscal

RECEIVED

NOV 14 2007

WATER RESOURCES DEPT
SALEM OREGON

G-16961



The Oregon Administrative Rules contain OARs filed through April 15, 2008

WATER RESOURCES DEPARTMENT

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

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Alphabetical Index by Agency Name

Numerical Index by OAR Chapter Number

Search the Text of the OARs

Point of Diversion Characteristics

Right: App:G 16961 *

Name: FRED TEUTSCH

TRSQQ: 23.00S32.50E-13-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:

Water Quality Limited:

Water Right Conditions Tracking Slip

Groundwater/Hydrology Section

FILE # # G-16961

ROUTED TO: Water Rights

TOWNSHIP/
RANGE-SECTION: 23S/32½E-13cb

CONDITIONS ATTACHED?: yes no

REMARKS OR FURTHER INSTRUCTIONS:

Reviewer: Mike Zwart

PUBLIC INTEREST REVIEW FOR GROUND WATER APPLICATIONS

TO: Water Rights Section Date April 28, 2008

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

SUBJECT: Application G- 16961 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: Fred E. Teutsch County: Harney

A1. Applicant(s) seek(s) 1.0 cfs from one well(s) in the Malheur Lake Basin,
Malheur Slough subbasin Quad Map: Carson Point

A2. Proposed use: _____ 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	Sediments	1.0	23S/32.5E-13 NW-SW	1840' N, 660' E fr SW cor S 13
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	4124	28	28±		290	0-18	0-90					

Use data from application for proposed wells.

A4. **Comments: Construction information from nearby well HARN 51353.**

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: _____

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 (Qal and Tvs of GW Report #16)	<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: Ground water in the basin fill is generally unconfined and hydraulically connected to surface water, including Malheur and Harney Lakes.

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 1/4 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	4100	4123	1600	<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: Ground water likely is discharging to lower reaches of Malheur Slough and/or Malheur Lake. 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: Not applicable (see above).

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 < 1/4 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													
		%	%	%	%	%	%	%	%	%	%	%	%
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													
		%	%	%	%	%	%	%	%	%	%	%	%
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.

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-16961

IR Date: May 23, 2008

Original mailed to applicant:

~~FRED TEUTSCH, 70112 N NEWTON RD, BURNS, OR 97720~~

Copies sent to:

- ~~1. WRD - File # G-16961~~
- ~~2. WRD - Water Availability: Ken Stahr~~

Copies Mailed By: <u>JCB</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 (include Division 33 form)~~
- ~~5. Department of Agriculture~~

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

Caseworker: Brook Geffen

COPYSH.T.IR

REMINDER: Copy all IR's for uses in the Klamath Basin to DEQ and ODFW contacts, regardless of whether they are subject to Division 33. (If they are not subject to Division 33, do not include Division 33 forms.)

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

B-16961

RECEIPTING 11/14/07
POST CARD SENT ~~DATE~~ \$ HJM 11-15-2007
DATA CENTER MFR 11-16-07

GEOLOGY REVIEW YES NO
ENFORCEMENT YES NO

WATER RIGHTS SUPPORT

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



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



ACCEPTED
[Signature]

**STATE OF OREGON
WATER RESOURCES DEPARTMENT**

725 Summer St. N.E. Ste. A
SALEM, OR 97301-4172

(503) 986-0900 / (503) 986-0904 (fax)

RECEIPT # **90604**

INVOICE # _____

RECEIVED FROM: Fred E + Charlene

BY: Teutsch

APPLICATION	<u>19.110961</u>
PERMIT	
TRANSFER	

CASH: CHECK:# 730 OTHER: (IDENTIFY)

TOTAL REC'D \$ 1000.00

1063 TREASURY 4170 WRD MISC CASH ACCT

0407 COPIES PLA 46111 \$ _____
 OTHER: (IDENTIFY) \$ _____

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

4270 WRD OPERATING ACCT

MISCELLANEOUS

0407 COPY & TAPE FEES \$ _____
 0410 RESEARCH FEES \$ _____
 0408 MISC REVENUE: (IDENTIFY) _____ \$ _____
 TC162 DEPOSIT LIAB. (IDENTIFY) _____ \$ _____
 0240 EXTENSION OF TIME \$ _____

WATER RIGHTS:

0201 SURFACE WATER \$ _____ 0202 \$ _____
 0203 GROUND WATER \$ 700.00 0204 \$ 300.00
 0205 TRANSFER \$ _____

WELL CONSTRUCTION

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

0536 TREASURY 0437 WELL CONST. START FEE

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

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: **90604**

DATED: 11/14/07 BY: [Signature]

II

MESSAGE 2007

FOR _____
 DATE FRI NOV 9 TIME 1025 A.M.
 M R FRED TIGHTCITE
 OF _____
 PHONE/MOBILE 541 589 4017 FAX _____

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CAME TO SEE YOU	<input checked="" type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input checked="" type="checkbox"/>	RUSH	<input type="checkbox"/>
RETURNED YOUR CALL	<input type="checkbox"/>	SPECIAL ATTENTION	<input type="checkbox"/>

MESSAGE DEVELOPMENT - Gm!
POA.
All RETURNED
QUESTN
 SIGNED 541 589 4017 1025 adams SC5805

MESSAGE 2007

FOR 11-13-2007
 DATE TUES AM TIME _____ A.M.
 M FRED TIETSCH
 OF _____
 PHONE/MOBILE 541-589 → 4018
 MOBILE 541-589 → 4017 FAX 4017

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CAME TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	RUSH <u>955</u>	<input type="checkbox"/>
RETURNED YOUR CALL	<input type="checkbox"/>	SPECIAL ATTENTION	<input type="checkbox"/>

MESSAGE PACMER
① CHANGES
 SIGNED 541 589 4017 4018 adams SC5805