



**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](http://www.wrd.state.or.us/OWRD/PUBS/forms.shtml).

## 1. APPLICANT INFORMATION

### A. Individuals

Applicant: Mike Hughes  
First Last

Mailing address: P.O. Box 206  
Fossil Or. 97830  
City State Zip

Phone: 541-763-3033 541-763-4303  
Home Work Other

\*Fax: 541-763-4010 \*E-Mail address: mihughes@fossil.k12.or.us

### B. Organizations

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

Name of organization: Fossil Charter School/Wheeler High School

Name and title of person applying: Mike Hughes Superintendent

Mailing address of organization: P.O. Box 206  
Fossil Or. 97830  
City State Zip

Phone: 541-763-4303  
Day Evening

\*Fax: Same as above \*E-Mail address: Same as above

\* Optional information

| For Department Use |                  |            |
|--------------------|------------------|------------|
| App. No. _____     | Permit No. _____ | Date _____ |

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**2. PROPERTY OWNERSHIP**

Do you own all the land where you propose to divert, transport, and use water?

Yes (Please check appropriate box below then skip to section 3 ("Ground water Development"))

There are no encumbrances

This land is encumbered by easements, rights of way, roads or other encumbrances (please provide a copy of the recorded deed(s) )

No (Please check the appropriate box below.)

I have a recorded easement or written authorization permitting access.

I do not currently have written authorization or easement permitting access.

Written authorization or an easement is not necessary, because the only affected lands I do not own are state-owned submersible lands, and this application is for irrigated and/or domestic use only (ORS 274.040).

You must provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map.

List the names and mailing addresses of all affected landowners.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. GROUND WATER DEVELOPMENT**

**A. Well Information**

Number of well(s): 1

Name of nearest surface water body: Bulte Creek

Distance from well(s) to nearest stream or lake: 1) 1250 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) 50 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: Darrell Maphet L. # 584

Address: \_\_\_\_\_

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Completion date: 5/22/08

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

| Well No. | Diameter             | Type and size of casing | No. of feet of casing | Intervals casing is perforated (in feet) | Seal depth | Est. depth to water | Est. depth to water bearing stratum | Type of access port or measuring device | Total well depth |
|----------|----------------------|-------------------------|-----------------------|--|------------|---------------------|-------------------------------------|---|------------------|
| 1        | <del>8"</del><br>12" | 8" steel                | 20'                   | 92.75'                                   | 18.5'      | 14'                 | 65'                                 | removal cap                             | 230'             |
|          |                      |                         |                       |  |            |                     |                                     |   |                  |
|          |                      |                         |                       |  |            |                     |                                     |   |                  |
|          |                      |                         |                       |  |            |                     |                                     |   |                  |
|          |                      |                         |                       |  |            |                     |                                     |   |                  |
|          |                      |                         |                       |  |            |                     |                                     |   |                  |

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:

No

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**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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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

05-27-2008

WELL LABEL # L 94307

START CARD # 1003532

(1) LAND OWNER Owner Well I.D. 1460
First Name Last Name
Company FOSSIL SCHOOL DISTRICT 21 FOSSIL CHARTER SCHOOL
Address POB 206
City FOSSIL State OR Zip 97830

(2) TYPE OF WORK [X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE [X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy)
Depth of Completed Well 230.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Includes Bore Hole and SEAL data.

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED IN DRY
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: [ ] Yes Type Amount

(6) CASING/LINER
Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd.

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method SAW
Screens Type Material

Table with columns: Perf/S, Casing/Screen, Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with columns: From, To, Description, Amount, Units. Includes temperature and water quality concerns.

(9) LOCATION OF WELL (legal description)
County Wheeler Twp 6.00 S N/S Range 21.00 E E/W WM
Sec 33 SE 1/4 of the NW 1/4 Tax Lot 200
Tax Map Number Lot
Lat ' ' or " or DMS or DD
Long ' ' or " or DMS or DD
[ ] Street address of well [ ] Nearest address

FOSSIL HIGH SCHOOL
600 B ST

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Predeepening
Completed Well 05-22-2008 14
Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES
Depth water was first found 65
Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft).

(11) WELL LOG
Ground Elevation
Table with columns: Material, From, To. Includes layers like GRAVELY TOPSOIL/FILL, BROWN CLAYSTONE, etc.

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Date Started 05-20-2008 Completed 05-22-2008

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

License Number 1880 Date 05-27-2008
Electronically Filed
Signed JAMES H WILLIAMS (E-filed)

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above.

License Number 584 Date 05-27-2008
Electronically Filed
Signed DARRELL MAPHET (E-filed)
Contact Info (optional)

**B. Amount of Water**

Provide the production rate in gallons per minute (gpm) and the total annual amount of water you need from each well, from each source or aquifer, for each use. You do not need to provide source information if you are submitting a well log with your application.

| Well No. | Source or aquifer | Type of use | Total rate of water requested (in gpm) | Total annual quantity (in gallons) | Production rate of well (in gpm) |
|----------|-------------------|-------------|--|------------------------------------|----------------------------------|
| 1        | Gray Basalt       | Irrigation  | 50                                     | 3.4 million                        | 50                               |
|          |                   |             |  |                                    |                                  |
|          |                   |             |  |                                    |                                  |
|          |                   |             |  |                                    |                                  |

**C. Maximum Rate of Use Requested**

What is the maximum, instantaneous rate of water that will be used? 50  
 (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: April 1st - Oct. 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: 2.6  
 (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): \_\_\_\_\_
- Other means (describe): \_\_\_\_\_

**B. Transport**

How will you transport water to your place of use?

- Ditch or canal (give average width and depth):  
 Width \_\_\_\_\_ Depth \_\_\_\_\_  
 Is the ditch or canal to be lined?  Yes  No
- Pipe (give diameter and total length):  
 Diameter 4" Length 400'
- Other (describe) \_\_\_\_\_

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**C. Application/Distribution Method**

What equipment will you use to apply water to your place of use? \_\_\_\_\_

Irrigation or land application method (check all that apply):

- Flood
- High-pressure sprinkler
- Low pressure sprinkler
- Drip
- Water cannons
- Center pivot system
- Hand lines
- Wheel lines
- Siphon tubes or gated pipe with furrows
- Other, describe \_\_\_\_\_

Distribution method

- Direct pipe from source
- In-line storage (tank or pond)
- Open canal

**D. Conservation**

What methods will you use to conserve water? Why did you choose this distribution or application method? For example, if you are using sprinkler irrigation rather than drip irrigation, explain. If you need additional space, attach a separate sheet.

Water application plan

**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: 5/22/08

Proposed date construction will be completed: 5/22/08

Proposed date beneficial water use will begin: April 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.

Educational use K-12

-assisted by Joel Clark - Dist 21 Watermaster 541-384-4207

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SALEM, OREGON**

## 8. MAP REQUIREMENTS

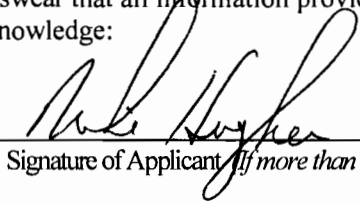
The Department cannot process your application without accurate information showing the source of water and location of water use. You must include a map with this application form that clearly indicates the township, range, section, and quarter/quarter section of the proposed well location and place of use. The map must provide tax lot numbers. See the map guidelines sheet for detailed map specifications.

## 9. SIGNATURE

By my signature below I confirm that I understand:

- I am asking to use water specifically as described in this application.
- Evaluation of this application will be based on information provided in the application packet.
- I cannot legally use water until the Water Resources Department issues a permit to me.
- If I get a permit, I must not waste water.
- If development of the water use is not according to the terms of the permit, the permit can be canceled.
- The water use must be compatible with local comprehensive land use plans.
- Even if the Department issues a permit to me, I may have to stop using water to allow senior water right holders to get water they are entitled to, and

I swear that all information provided in this application is true and correct to the best of my knowledge:



Signature of Applicant *(If more than one applicant, all must sign.)*

6/19/08

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](http://www.wrd.state.or.us) or call (503) 986-0900.

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## For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form.

This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

**Please check the appropriate box below and provide the requested information**

Land uses to be served by proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): \_\_\_\_\_

Land uses to be served by proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.)  
**If approvals have been obtained but all appeal periods have not ended, check "Being pursued".**

| Type of Land-Use Approval Needed<br>(e.g. plan amendments, rezones,<br>conditional-use permits, etc.) | Cite Most Significant, Applicable Plan<br>Policies & Ordinance Section References | Land-Use Approval:   |  |
|---|---|--|--|
|   |   | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being pursued<br><input type="checkbox"/> Not being pursued |
|   |   | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being pursued<br><input type="checkbox"/> Not being pursued |
|   |   | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being pursued<br><input type="checkbox"/> Not being pursued |
|   |   | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being pursued<br><input type="checkbox"/> Not being pursued |
|   |   | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being pursued<br><input type="checkbox"/> Not being pursued |
|   |   | <input type="checkbox"/> Obtained<br><input type="checkbox"/> Denied | <input type="checkbox"/> Being pursued<br><input type="checkbox"/> Not being pursued |

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

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Name: BARBARA S. Sitton Title: Wheeler Co. Assist. Planner  
 Signature: Barbara S. Sitton Phone: 541-763-2400 Date: 6/19/08  
 Government Entity: Wheeler County

**Note to local government representative:** Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

**Receipt for Request for Land Use Information**

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**WATER RESOURCES DEPT  
SALEM, OREGON**

Applicant name: \_\_\_\_\_

City or County: \_\_\_\_\_ Staff contact: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_





Oregon Water Resources Department
Land Use Information Form

THIS FORM IS NOT REQUIRED IF: 1) water is to be diverted, conveyed, and/or used only on federal lands; or 2) the application is for a water-right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and all of the following apply: a) only the place of use is proposed for change, b) there are no structural changes, c) the use of water is for irrigation, and d) the use is located in an irrigation district or exclusive farm-use zone.

Applicant Name: Mike Hughes
Mailing Address: P.O. Box 206
City: Fossil State: Or Zip: 97830 Day Phone: 541-763-4303

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

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), or used. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Table with 8 columns: Township, Range, Section, 1/4, Tax Lot #, Plan Designation (e.g. Rural Residential/RR-5), Water to be: (Diverted, Conveyed, Used), Proposed Land Use: (Irrigation)

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

B. Description of Proposed Use

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

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

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

Estimated quantity of water needed: 50 cubic feet per second, gallons per minute, acre-feet

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

Briefly describe: School Garden, Activity Field

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

Receipt for Request for Land Use Information

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

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# Oregon

Theodore R. Kulongoski, Governor

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SALEM, OREGON**

**Water Resources Department**  
North Mall Office Building  
725 Summer Street NE, Suite A  
Salem, OR 97301-1266  
503-986-0900  
FAX 503-986-0904

## NOTE TO APPLICANTS

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdictions where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you.

## NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan.

Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan.

Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.



## 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: 2.6 Acres

Secondary: \_\_\_\_\_ Acres

List the permit or certificate number of the primary water right: No. \_\_\_\_\_

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

- |                      |   |  |
|----------------------|---|--|
| 1. <u>Garden</u>     | <input checked="" type="checkbox"/> Full season | <input type="checkbox"/> Partial season (from: _____ to _____) |
| 2. <u>Ball Field</u> | <input checked="" type="checkbox"/> Full season | <input type="checkbox"/> Partial season (from: _____ to _____) |
| 3. _____             | <input type="checkbox"/> Full season            | <input type="checkbox"/> Partial season (from: _____ to _____) |
| 4. _____             | <input type="checkbox"/> Full season            | <input type="checkbox"/> Partial season (from: _____ to _____) |

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

10.4 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?

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Daily during daytime hours    | <input type="checkbox"/> Daily during nighttime hours               |
| <input type="checkbox"/> Two or three times weekly during daytime | <input type="checkbox"/> Two or three times weekly during nighttime |
| <input type="checkbox"/> Weekly, during daytime hours             | <input type="checkbox"/> Weekly, during nighttime hours             |
| <input type="checkbox"/> Other, explain: _____                    |   |

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Last revision: October 31, 1996

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