



**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).*

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WATER RESOURCES DEPT  
SALEM, OREGON

## 1. APPLICANT INFORMATION

### A. Individuals

Applicant: \_\_\_\_\_  
First Last

Mailing address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_  
Home Work Other

\*Fax: \_\_\_\_\_ \*E-Mail address: \_\_\_\_\_

### B. Organizations

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

Name of organization: Patterson Nursery Sales, Inc.

Name and title of person applying: Bill Patterson, Owner

Mailing address of organization: 14990 SE Orient Drive, P.O. Box 99

\_\_\_\_\_  
Boring OR 97009  
 City State Zip

Phone: 503-668-6000  
Day Evening

\*Fax: 503-826-0374 \*E-Mail address: \_\_\_\_\_

*\* Optional information*

For Department Use		
App. No. <u>G-116940</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).

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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.

Itsuo Hosaka, 35288 SE Kelso Road, Boring, OR 97009

- Please see permission letter attached

**3. GROUND WATER DEVELOPMENT**

**A. Well Information**

Number of well(s): 2

Name of nearest surface water body: Unnamed Steam/ Tickle Creek

Distance from well(s) to nearest stream or lake: 1) \_\_\_\_\_

2) 1900 3) 1200 4) \_\_\_\_\_

If distance from surface water is less than one mile, indicate elevation difference between nearest surface water and well head. 1) \_\_\_\_\_

2) +20' 3) +30' 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: See attached well logs

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

Completion date: \_\_\_\_\_

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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
2	8"	SEE WELL	LOGS						500
3	8"	"	"						540

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

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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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**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)
2	Deep Troutdale	Nursery Operations	200	15 AF	200
3	Deep Troutdale	Nursery Operations	200	15 AF	200

**C. Maximum Rate of Use Requested**

What is the maximum, instantaneous rate of water that will be used? 0.90 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: Year around, as needed  
*(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: 6.0  
*(This number should be consistent with your application map.)*

5. WATER MANAGEMENT

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**A. Diversion**

What equipment will you use to pump water from your well(s)?

- Pump (give horsepower and pump type): Both wells have 30 Hp submersible pumps
- Other means (describe): \_\_\_\_\_

**B. Transport**

How will you transport water to your place of use?

- Ditch or canal (give average width and depth):  
Width \_\_\_\_\_ Depth \_\_\_\_\_  
Is the ditch or canal to be lined?  Yes  No
- Pipe (give diameter and total length):  
Diameter 6" / 4" Length 10,000' +
- Other (describe) \_\_\_\_\_

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**C. Application/Distribution Method**

What equipment will you use to apply water to your place of use? Variable- overhead impact heads; hand sets; drip lines

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.

Buried PVC, leak free mainlines; extensive use of drip lines; soil moisture monitors

**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: started

Proposed date construction will be completed: \_\_\_\_\_

Proposed date beneficial water use will begin: upon approval

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**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.*

Please copy all correspondence to Steven P. Applegate Consulting, 3395 Huckleberry Ct. S., Salem Or 97302

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**8. MAP REQUIREMENTS**

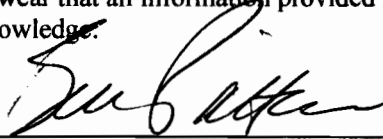
The Department cannot process your application without accurate information showing the source of water and location of water use. You must include a map with this application form that clearly indicates the township, range, section, and quarter/quarter section of the proposed well location and place 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.



11/14/07

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

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WRD on the web:  
[www.wrd.state.or.us](http://www.wrd.state.or.us)

Ground Water/6

fees - 1200

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# 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:            6.0            Acres

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

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

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

1. Nursery Crops                       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:

30                              acre-feet

*(1 acre-foot equals 12 inches of water spread over 1 acre, or 43,560 cubic feet, or 325,851 gallons.)*

4. How will you schedule your applications of water? Will you be applying water in the evenings, twice a week, daily?

Daily during daytime hours                       Daily during nighttime hours

Two or three times weekly during daytime                       Two or three times weekly during nighttime

Weekly, during daytime hours                       Weekly, during nighttime hours

Other, explain: As needed to maintain nursery crops, to include temp control, chem. application, etc

**WATER WELL REPORT**  
(as required by ORS 537.765)

CLAC 19304

Well 2

(START CARD) # 64442

(1) OWNER: Well Number \_\_\_\_\_  
Name Patterson Nursery Sales  
Address 14990 SE Orient Drive  
City Boring State Or Zip 97009

(2) TYPE OF WORK:  
 New Well  Deepen  Recondition  Abandon

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 500 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Material	Amount	
Diameter	From To	From To	sacks or pounds*			
14	0 40	0		cement		
12	40 200	200	399	cement	200	
10	200 400					
8	400 500					

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	+1	200	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	0	400	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) 10"-200 8"-400

(7) PERFORATIONS/SCREENS:  
 Perforations Method air knife  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
360	400	1/8x2	1500			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
150		360	4 hr.

Temperature of Water 53F 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: 20-120

(9) LOCATION OF WELL by legal description:  
County Clack Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 2S N or S. Range 4E E or W. WM. \_\_\_\_\_  
Section 10 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 14990 SE Orient Drive Boring Or 97009

(10) STATIC WATER LEVEL:  
158 ft. below land surface. Date 6-20-94  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
20	120	200+	20
250	400	150	158

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
top soil	0	2	
red clay	2	18	
lightly cement gravel	18	120	
brown clay	120	160	
blue clay & gravel	160	170	
gravel	170	180	
brown claystone	180	250	
brown clay w/seams of	250		
cemented sand		400	
blue clay	400	500	

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SALEM, OREGON

Date started 5-31-94 Completed 6-20-94

(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 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number 616 Date \_\_\_\_\_

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Well 3

WATER RESOURCES DEPT.  
Well # SALEM, OREGON

(1) OWNER:  
Name PATTERSON NURSERY SALES  
Address 14990 SE ORIENT DRIVE  
City BORING St OR Zip 97009

(9) LOCATION OF WELL by legal description:  
County CLACK Lat. " " " " Long. " " "  
Township 2 S Range 4 E NW.  
Section 10 NE 1/4 NW 1/4  
Tax Lot Lot Block Subdivision  
Street Address of Well (or nearest Address)  
NEAR 34962 SE KELSO ROAD BORING, OR 97009

(2) TYPE OF WORK: NEW WELL

(3) DRILL METHOD: ROTARY&CABLE

(4) PROPOSED USE: IRRIGATION

(10) STATIC WATER LEVEL:  
283 ft. below land surface. Date 8-19-01  
Artesian pressure \_\_\_\_\_ lb per square in. Date \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:

Special Construction Approval NO		Depth of Compl. Well 540 ft	
Explosives used NO	Type	Amount	
HOLE SEAL			
Diam.	From	To	Material
14	0	90	CEMENT
12	90	250	
10	250	540	

(11) WATER BEARING ZONES:

Depth at which water was first found 170		Est Flow Rate	SWL
From	To		
170	200	20+ GPM	140
290	510	150+ GPM	283

Seal placement method C&SET PLUG&PUSH  
Backfill: from \_\_\_\_\_ ft to \_\_\_\_\_ ft Material \_\_\_\_\_  
Gravel: from \_\_\_\_\_ ft to \_\_\_\_\_ ft Size \_\_\_\_\_

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
TOP SOIL	0	2	
BROWN CLAY	2	38	
CEMENTED GRAVEL & BOULDERS	38	170	
LIGHTLY CEMENTED GRAVEL	170	200	140
BLACK SANDSTONE	200	290	
BLACK MEDIUM SAND	290	340	283
FINE BLACK SAND	340	348	283
MEDIUM BLACK SAND	348	403	283
FINE GRAY SAND	403	408	283
MEDIUM BLUE SAND	408	420	283
VERY FINE BLUE SAND	420	445	283
MEDIUM BLACK SAND	445	463	283
VERY FINE BLACK SAND	463	477	283
MEDIUM BLACK SAND	477	510	283
MEDIUM BLACK SAND SEAMS OF BLUE CLAY	510	520	283
BLUE CLAY	520	540	
BLANK PIPE	0	290	

Date started 5-23-01 Completed 8-19-01

(6) CASING/LINER:

Diam.	From	To	Gauge	Material	Connection
Casing 10	+1	250	.250	STEEL	WELDED
Liner 8	0	540	.250	STEEL	WELDED

Final Location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

From	To	Slot Size	Number	Diam.	Size	Casing/liner
280	540	.018			8" PIPE	LINER

[ ] Perf. Method \_\_\_\_\_  
[X] Screens Type WRAPPED Material STAINLESS STEEL  
Tele/pipe \_\_\_\_\_

(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 \_\_\_\_\_ Date \_\_\_\_\_  
MWC Number \_\_\_\_\_

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

Yield GPM	Draw-down	Drill stem at	Time
190	147		1 hr.
190	147		8 hr

(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 *[Signature]* Date 9-9-01  
MWC Number 616

Temperature of water 51F Depth Artesian Flow Found \_\_\_\_\_  
Was water analysis done? NO By whom \_\_\_\_\_  
Reason for water not suitable for use \_\_\_\_\_  
Depth of strata \_\_\_\_\_

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WATER RESOURCES DEPT  
SALEM, OREGON

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OWNER: Well No. L48496  
Name PATTERSON NURSERY SALES  
Address 14990 SE ORIENT DRIVE  
City BORING St OR Zip 97009

(2) TYPE OF WORK: NEW WELL  
(3) DRILL METHOD: ROTARY&CABLE  
(4) PROPOSED USE: IRRIGATION

(5) BORE HOLE CONSTRUCTION:

Special Construction	Approval NO	Depth of Compl. Well	540 ft			
Explosives used	NO	Type	Amount			
HOLE		SEAL				
Diam.	From	To	Material			
			From			
			To			
			Amount			
14	0	90	CEMENT	0	250	175 SACKS
12	90	250				
10	250	540				

Seal placement method C&SET PLUG&PUSH  
Backfill: from \_\_\_ ft to \_\_\_ ft Material  
Gravel: from \_\_\_ ft to \_\_\_ ft Size

(6) CASING/LINER:

Diam.	From	To	Gauge	Material	Connection
Casing 10	+1	250	.250	STEEL	WELDED
Liner 8	0	540	.250	STEEL	WELDED

Final Location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perf. Method \_\_\_\_\_

Screens Type WRAPPED Material STAINLESS STEEL

From	To	Slot Size	Number	Diam.	Tele/pipe Size	Casing/liner
280	540	.018			8"PIPE	LINER

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

Yield GPM	Draw-down	Drill stem	Time
190	147		1 hr.
190	147		8 hr

Temperature of water 51F Depth Artesian Flow Found \_\_\_\_\_  
Was water analysis done? NO By whom \_\_\_\_\_  
Reason for water not suitable for use \_\_\_\_\_  
Depth of strata \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County CLACK Lat. " ' " Long. " ' "  
Township 2 S Range 4 E W. N.  
Section 10 NE 1/4 NW 1/4  
Tax Lot Lot Block Subdivision  
Street Address of Well (or nearest Address)  
NEAR 34962 SE KELSO ROAD BORING, OR 97009

(10) STATIC WATER LEVEL:  
283 ft. below land surface. Date 8-19-01  
Artesian pressure \_\_\_\_\_ lb per square in. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found	170	Est Flow Rate	SWL
From	To		
170	200	20+ GPM	140
290	510	150+ GPM	283

(12) WELL LOG:

Material	From	To	SWL
SS SCREEN	290	300	
BLACK PIPE	300	310	
SS SCREEN	310	320	
BLANK PIPE	320	330	
SS SCREEN	330	340	
BLANK PIPE	340	350	
SS SCREEN	350	360	
BLANK PIPE	360	370	
SS SCREEN	370	380	
BLANK PIPE	380	390	
SS SCREEN	390	400	
BLANK PIPE	400	410	
SS SCREEN	410	420	
BLANK PIPE	420	450	
SS SCREEN	450	460	
BLANK PIPE	460	480	
SS SCREEN	480	490	

Date started 5-23-01 Completed 8-19-01

(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 \_\_\_\_\_ WMC 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 *Ken W. Sullivan* WMC Number 616 Date 9-9-01

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WATER RESOURCES DEPT  
SALEM, OREGON

B-16940

OWNER: Well No. L48496  
Name PATTERSON NURSERY SALES  
Address 14990 SE ORIENT DRIVE  
City BORING St OR Zip 97009

(9) LOCATION OF WELL by legal description:  
County CLACK Lat. ° ' " Long. ° ' "  
Township 2 S Range 4 E W.M.  
Section 10 NE 1/4 NW 1/4  
Tax Lot Lot Block Subdivision  
Street Address of Well (or nearest Address)  
NEAR 34962 SE KELSO ROAD BORING, OR 97009

(2) TYPE OF WORK: NEW WELL

(3) DRILL METHOD: ROTARY&CABLE

(4) PROPOSED USE: IRRIGATION

(10) STATIC WATER LEVEL:  
283 ft. below land surface. Date 8-19-01  
Artesian pressure \_\_\_\_\_ lb per square in. Date \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
Special Construction Approval NO Depth of Compl. Well 540 ft  
Explosives used NO Type \_\_\_\_\_ Amount \_\_\_\_\_  
HOLE SEAL  
Diam. From To Material From To Amount  
14 0 90 CEMENT 0 250 175 SACKS  
12 90 250 \_\_\_\_\_  
10 250 540 \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 170  
From To Est Flow Rate SWL  
170 200 20+ GPM 140  
290 510 150+ GPM 283

Seal placement method C&SET PLUG&PUSH  
Backfill: from \_\_\_\_\_ ft to \_\_\_\_\_ ft Material \_\_\_\_\_  
Gravel: from \_\_\_\_\_ ft to \_\_\_\_\_ ft Size \_\_\_\_\_

(12) WELL LOG:  
Material Ground elevation From To SWL  
BLANK PIPE 490 500  
SS SCREEN 500 510  
BLANK PIPE 510 540

(6) CASING/LINER:  
Diam. From To Gauge Material Connection  
Casing 10 +1 250 .250 STEEL WELDED  
Liner 8 0 540 .250 STEEL WELDED

Final Location of shoe(s) \_\_\_\_\_

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SEP 13 2001  
WATER RESOURCES DEPT.  
SALEM, OREGON  
Date started 5-23-01 Completed 8-19-01

(7) PERFORATIONS/SCREENS:  
[ ] Perf. Method \_\_\_\_\_  
[X] Screens Type WRAPPED Material STAINLESS STEEL  
Slot Tele/pipe  
From To Size Number Diam. Size Casing/liner  
280 540 .018 \_\_\_\_\_ 8"PIPE LINER

(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 \_\_\_\_\_ WMC Number \_\_\_\_\_  
Date \_\_\_\_\_

(8) WELL TESTS: Minimum testing time is 1 hour  
Test type PUMP  
Yield GPM Draw-down Drill stem at Time  
190 147 \_\_\_\_\_ 1 hr.  
190 147 \_\_\_\_\_ 8 hr.  
Temperature of water 51F Depth Artesian Flow Found \_\_\_\_\_  
Was water analysis done? NO By whom \_\_\_\_\_  
Reason for water not suitable for use \_\_\_\_\_  
Depth of strata \_\_\_\_\_

(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 *[Signature]* WMC Number 616  
Date 9-9-01

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SALEM, OREGON

October 5, 2007

Water Resources Dept.  
725 Summer ST. NE, Suite A  
Salem, OR 97301

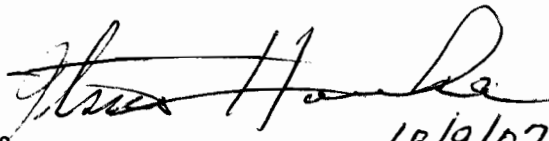
Dear Sirs,

I, Itsuo Hosaka, Owner of Tax Lot 1300, located in Clackamas County, T2S, R4E, SEC 10, do hereby grant permission to Bill Patterson to apply for a Water Right Permit for nursery use on approximately 6 acres of land that I lease to him.

Mr. Patterson will be responsible for all costs involved to obtain the permit as well as all costs to develop the irrigation system.

Sincerely,

Itsuo Hosaka



10/9/07

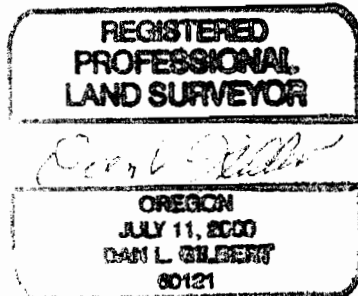
G-16940

EXHIBIT A

LEGAL DESCRIPTION FOR LEASE AREA

A TRACT OF LAND LOCATED IN THE NORTHEAST QUARTER OF SECTION 10, TOWNSHIP 2 SOUTH, RANGE 4 EAST OF THE WILLAMETTE MERIDIAN, CLACKAMAS COUNTY OREGON, FURTHER DESCRIBED AS FOLLOWS:

THE TRUE POINT OF BEGINNING BEING THE SOUTHEAST CORNER OF PARCEL 1, PARTITION PLAT NO. 2006-129, CLACKAMAS COUNTY PLAT RECORDS, THENCE NORTH 89°56'31" WEST, ALONG THE SOUTH LINE OF SAID PARCEL 1, A DISTANCE OF 434.83 FEET TO THE SOUTHWEST CORNER THEREOF; THENCE NORTH 00°14'45" EAST, ALONG THE WEST LINE OF SAID PARCEL 1, A DISTANCE OF 501.08 FEET; THENCE SOUTH 89°56'31" EAST, A DISTANCE OF 271.49 FEET; THENCE NORTH 00°12'26" EAST, A DISTANCE OF 267.00 FEET; THENCE SOUTH 89°56'31" EAST, A DISTANCE OF 163.00 FEET TO A POINT ON THE EAST LINE OF SAID PARCEL 1; THENCE SOUTH 00°12'26" WEST, ALONG THE EAST LINE OF SAID PARCEL 1, A DISTANCE OF 768.08 FEET TO THE TRUE POINT OF BEGINNING, CONTAINING 6.00 ACRES MORE OR LESS.



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### 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: Patterson Nursery Saks, LLC  
Mailing Address: 14990 SE Orical Drive  
City: Boring State: OR Zip: 97009 Day Phone: 503-668-6000

This application is related to a Measure 57 claim.  Yes  No

#### A. Land and Location

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

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g. Rural Residential/RR-3)	Water to be:	Proposed Land Use:
2S	4E	10	NWNE	1300		<input type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used	Nursery
2S	4E	10B	NENW	901		<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input type="checkbox"/> Used	Nursery
2S	4E	10B		104		<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 all counties and cities where water is proposed to be diverted, conveyed, or used. Clackamas County

#### B. Description of Proposed Use

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

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

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

Estimated quantity of water needed: 0.9  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 Nursery Use

Briefly describe: Increasing lands to be actively forest for nursery operations near an adjacent parcel to Patterson Nursery

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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SALEM, OREGON

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NO. 044 P. 2

CLACK CO PLANNING

NOV. 14. 2007 3:13PM

**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): 309

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

Type of Land-Use Approval Needed (e.g. plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<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
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being pursued <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.

FOR GREATER ACCURACY PLEASE SEE ATTACHED 3 PAGES INDICATING LOCATION OF TAX LOTS INVOLVED WITHIN THIS REQUEST.

Name: GARY HEWITT Title: SR. PLANNER  
Signature: [Signature] Phone: 503-353-4519 Date: 11-14-07  
Government Entity: PLANNING DIVISION Clatsop 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**

Applicant name: \_\_\_\_\_  
City or County: \_\_\_\_\_ Staff contact: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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