## Crane Engineering & Surveying, Inc.

13755 S.E. 119th Drive Clackamas, OR 97015 Office: (503) 698-3890 Cell: (503) 679-3253

FAX: (503) 698-3861 Email: eces@verizon.net

November 9, 2007

Manager Application & Permit Section Oregon Water Resources Department 725 Summer Street NE, Suite "A" Salem, OR 97301-1271

#### RECEIVED

DEC 28 2007

WATER RESOURCES DEPT SALEM, OREGON

SUBJECT: Foothills Honey - Application for a Permit to Use Ground Water

Well#1: Tax Lot 4902, NW 1\4 of SW 1\4 Section 4 5S 3E (9.70ac) Well#2: Tax Lot 4908, NW 1\4 of SW 1\4 Section 4 5S 3E (4.96ac)

Both located in Clackamas County, Oregon

Irrig: Appl. for 0.2227-cfs (100+/-gpm) on 13.90 Acres

D:\CRANE ENGR & SURVEY\PROJECTS\543-001\543-001\_OWRD1.DOC

#### Dear Sir/Madam:

Enclosed is the "Application for a Permit to Use Ground Water" from George and Susan Hansen doing business as (dba) Foothills Honey for both General Agricultural Use (temperature control uses from November 1st to the end of February of each year & General Nursery Irrigation Uses (from March 1st to October 31st of each year). Besides using irrigation water for the planted row crops, they will be using irrigation water for future nursery in-ground plantings, containerized (can) stock yards, greenhouses and sawdust holding beds. Their property is located on easterly side of South Oswalt Road just south of the intersection of South Harper Road, which is located southwesterly of the City of Colton.

Irrigation water will be directly applied through a system of underground transmission and distribution pipelines with a combination of "Rainbird" and other rotating sprinklers. They will also use drip irrigation lines and "soaker" hoses when possible to conserve irrigation water. They may construct another holding reservoir "bulge-in-the-pipe" if the well(s) do not produce as much water as they asked for in the attached application.

I personally inspected on October 29, 2007 the sites of the proposed irrigation Well #1 and Well #2. Attached is the Ground Water Application with Application Map and also the Water Resources Department Form "I" for Irrigation, along with the two signed planning forms. Please contact George Hansen at 503-824-2265, about their proposed irrigation system or if you have any questions about the properties or for any other items.

George and Susan Hansen dba Foothills Honey OWRD Groundwater Permit Application Page 2

I'd be available to answer any questions or concerns that you may have about the standard "Application for a Permit to Use Ground Water" or Application Map and can be reached at 503-698-3890 by telephone and 503-698-3861 by facsimile.

Sincerely,

CRANE ENGINEERING & SURVEYING, INC.

Edward A. Crane, CWRE

Short a. Cran

President

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DEC 28 2007

WATER RESOURCES DEPT SALEM, OREGON

Attachments

cc: George and Susan Hansen dba

Foothills Honey

30576 South Oswalt Road

Colton, OR 97017

Tel: 503-824-2265 Fax: 503-824-2260

E-mail: geohans@Colton.com



JAN 07 2008

#### WATER RESOURCES DEPT SALEM, OREGON

Memorandum

George and Susan Hansen dba

Foothills Honey

30576 South Oswalt Road

Colton, OR 97017

Tel: 503-824-2265

Fax: 503-824-2260

E-mail: geohans@Colton.com

FROM:

TO:

Edward A. Crane, CWRE

SUBJECT:

Application for a Permit to Use Ground Water

Well#1: Tax Lot 4902, NW 1\4 of SW 1\4 Section 4 5S 3E (9.70ac gross) Well#2: Tax Lot 4908, NW 1\4 of SW 1\4 Section 4 5S 3E (4.96ac gross)

Both in Clackamas County, Oregon

Irrig: Appl. for 0.2227-cfs (100+/-gpm) on 13.90 Acres

DATE:

November 9, 2007

D:\CRANE ENGR & SURVEY\PROJECTS\\$43-001\\$43-001\_TRANS1.DOC

Attached is my transmittal letter to the Manager of the Application and Permit Section of the Oregon State Water Resources Department (OWRD) in Salem that has the following documents and maps attached to it.

Please accomplish the items shown in bold below and then forward or deliver the completed letter with attachments to the OWRD office in Salem if everything is correctly shown or called out. If something needs correction, please return the letter, application & map to me for correction.

- 1. Application for a Permit to Use Ground Water, and Oregon Water Resources

  Department Form "I" (Irrigation). Please sign the Application at the yellow sticker.
- 2. Ground Water Permit Application Map

If any major corrections are needed, please return the map to me and I'll make the corrections. I will then return the map to you for sending on to OWRD in Salem.

3. Copy of Property Deeds & Legal Descriptions

Please include the attached copies of the deeds for the Tax Lots in the letter to be sent to Oregon Water Resources Department in Salem.

CRANE ENGINEERING & SURVEYING, INC. 13755 SE 119<sup>th</sup> Drive Clackamas, OR 97015

TEL: 503-698-3890; FAX: 503-698-3861

CELL: 503-679-3253; E-Mail: eces@verizon.net

January 4, 2008

JAN 07 2008

Hello Herb,

WATER RESOURCES DEPT SALEM, OREGON

As per our telephone conversation this morning, I am sending my original signature below that of my husband, George, on the water use application. Thanks for your assistance on this matter.

Regards,

Susan L. Hansen

30576 Oswalt Rd. Colton, OR 97017

503 824-2265

FAX 503 824-2260



Last updated: 6/7/2005

# Application for a Permit to Use Ground Water

Please type or print in dark ink. If your application is found to be incomplete or inaccurate, we will return it to you. If any requested information does not apply to your application, insert "n/a." Please read and refer to the instructions when completing your application. A summary of review criteria and procedures that are generally applicable to these applications is available at www.wrd.state.or.us/OWRD/PUBS/forms.shtml.

	1. APPLI			
A. Individuals				
Applicant:	GEORGE & SUSAN	HAN		
	First		Last	
Mailing address:	30576 SOUTH OSWA	LT ROAD		
	COLTON	OREGON	970	)17
	City	State	2	ip .
hone:	503-824-2265			
	Home	Work		ther
Fax:	503-824-2260	*E-Mail address: _	GEOHANS@COLTON.	COM
Commonationes annosis			. 11 1 1 1	
Name of organizati	ion:oerson applying:			
Name of organizati	on:erson applying:			
Name of organization of particular and title of partic	organization:	Sa	<b>b</b>	
Name of organization of particular and title of partic	on:  person applying:  forganization:  Oky	San Ba	te Caring	Zp
Name of organization Name and title of publication Mailing address of Phone:	organization:	San Ba	te Caring	Zp
Name of organization of particles of particles of Phone:	organization:	San Ba	te Caring	Zą
Name of organization of particular particula	organization:	San Ba	te Caring	Zp
Name of organization of particular particula	organization:  Ony  Day	San Ba	te Caring	Zp

Ground Water/1

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WR

Do you own all the	e land where you prop	pose to divert, transport, and use water?	
XX Yes (Si	kip to section 3 "Grou	und water Development.")	
□ No (Pla	ease check the approp	priate box below.)	
□1H	nave a recorded easem	nent or written authorization permitting access.	
	lo not currently have	written authorization or easement permitting acc	ess.
lar	nds I do not own are s	or an easement is not necessary, because the only state-owned submersible lands, and this application is use only (ORS 274.040).	
	y the proposed ditch,	of: (1) the property from which the water is to be canal or other work, and (3) any property on wh	
List the names and	mailing addresses of	fall affected landowners.	
	3. GR	OUND WATER DEVELOPMENT	
<b>A. Well Informat</b> Number of well(s)	ion TWO	<del>_</del>	
Name of nearest su	urface water body:!	MATIK CREEK (MILK CREEK FLOWS TO M	MOLALLA RIVER)
Distance from wel	l(s) to nearest stream	or lake: 1) ABOUT 4,900FT	
2)	3)	4)	
If distance from su water and well hea	urface water is less that ad. 1) ABOUT 140F	an one mile, indicate elevation difference between T	n nearest surface
2)	3)	4)	
If the well is already of each well with this app proceed to section 4 of following:	cted according to standar onstructed, please enclose olication. Identify each we f the form. If the well has n	rds set by the Department for the construction and mainter e a copy of the well constructor's log and the well ID numb ell with a number corresponding to the wells designated or not been constructed, or if you do not have a well log, pleas	per, if available, for a the map and
Well(s) will be con	nstructed by: OLSE	N-PULLIAM WELL DRILLING	
Address:9	480 SE 172ND AV	ENUE (TEL: 503-665-3353; FAX: 503-	-665–5285).
	ORING, OR 97009		·
Completion date: _	MAR. 1,2009 D	EPENDING ON PERMIT REQUIREMENTS.	
		Ground Water/2	RECEIVED

Ground Water/2

2. PROPERTY OWNERSHIP

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.	12"вн	8"BLK STL	18'MIN.		18 <sup>™</sup> MIN	•	,	1/2"IPT	200'+7_
2.	12"BH	8"BLK STL	18'MIN.		18'MIN			1/2"IPT	200'+?

Note: Well numbers in this listing must correspond to well locations(s) shown on accompanying map.

If well log is not available, or well is not yet constructed, you must provide: proposed total depth, depth of casing and seal, and the anticipated perforation and open intervals.

C. Artesian Flows If your water well is flowing artesian, describe your water control and conservation works:
N/A
4. WATER USE
Please read the instruction booklet for more details on "type of use" definitions, how to express how much water you need and how to identify the water source you propose to use. You must fill out a supplemental form for some uses as they require specific information for that type of use.
A. Type(s) of Use(s)
See list of beneficial uses provided in the instructions.

- If your proposed use is domestic, indicate the number of households to be supplied with water:
- If your proposed use is irrigation, please attach Form I
- If your proposed use is mining, attach Form R
- If your proposed use is municipal or quasi-municipal, attach Form M
- · If your proposed use is commercial/industrial, attach Form Q

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#### **B.** Amount of Water

Well

**B.** Transport

How will you transport water to your place of use?

Pipe (give diameter and total length):

Other (describe)

Ditch or canal (give average width and depth):

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.

Total rate of

Total annual

Production rate

af ...all

No.	Source or aquifer	Type of use	water requested (in gpm)	quantity (in gallons)	of well (in gpm)	
1.		IRRIGATION	100	35,280,000	100	
2.		IRRIGATION	100	35,280,000	100	
What is the m	n Rate of Use Request naximum, instantaneou or application will be based	s rate of water that will b	e used?1	00GPM		
D. Period of Indicate the ti (For seasonal w	me of year you propos	GEN e to use the water: GEN s when water use would begin	ERAL NURSE	ULTURAL USE: RY USE: MAR. rch 1-October 31.)		
number of acr	applying water to land	applied or used:1	3.90		and the later of t	
(This number sh	ould be consistent with you	r application map.)				
	-	5. WATER MANAGE	MENT	_		
A. Diversion What equipme	ent will you use to pun	np water from your well(	s)?			
Pum	p (give horsepower an	d pump type): 10HP S	UBMERSIBLE	PUMPS		
☐ Othe	er means (describe):		<u> </u>			

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Ground Water/4

Depth

Diameter 2" & 4" Length 2000FT & 1000FT

☐ No

C. Application/Distribution Me What equipment will you use to a	ethod apply water to your place of use? TWO	10HP SUBMERSIBLE PUMPS,
		POP-UP ROTATING SPRINKLERS.
Irrigation or land application met	hod (check all that apply):	
☐ Flood	<b>K</b> High-pressure sprinkler	Low pressure sprinkler
XX Drip	☐ Water cannons	☐ Center pivot system
MX Hand lines	☐ Wheel lines	
☐ Siphon tubes or gated pipe	e with furrows	
Other, describe		
Distribution method  **Direct pipe from source**	EXISTING EXEMPT RESERVOIR Min-line storage (tank or pond)	☐ Open canal
	nserve water? Why did you choose thi using sprinkler irrigation rather than d parate sheet.	
USE AUTOMATIC IRRIGATI	ON CONTRILLERS TO REUSE OVI	ER-WATERING; USE AN 1" TUNA
CAN TO MEASURE OF WATE	R APPLIED; WATER IN THE MOR	RNING OR AT NIGHT TO REDUCE
EVAPORATION LOSSES; RE	USE RUN-OFF WATER; USE DRII	P IRRIGATION WATER.
Indicate the anticipated dates that the fo completed, please indicate that date.	6. PROJECT SCHEDULE  llowing construction tasks should begin. If con	 istruction has already begun, or is
Proposed date construction will b	egin: <u>MARCH 1, 2009</u>	
Proposed date construction will b	e completed: MARCH 1, 2011	
Proposed date beneficial water us	se will begin: MARCH 1, 2013 DE	PENDING ON PERMIT REQUIREMENTS
application question you are addressing	7. REMARKS  ion you have provided in the application, pleas  POND THAT WILL BE USED AS I	

Ground Water/5

•	M	AP	DEA	TITD:	EMENTS	
	174	<u> </u>	PLEY		PAYSEST 1 12	

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:

ignabile of Applicant (If more than one <u>applicant</u> all n

Jan. 4. 2008

Before you submit your application be sure you have:

- · Answered each question completely.
- Attached a legible map which includes township, range, section, quarter/quarter and tax lot number.
- Included a Land Use Information Form or receipt stub signed by a local official.
- Included the legal description of all the property involved with this
  application. You may supply a copy of the deed, land sales contract,
  or title insurance policy, to meet this requirement.
- Included a check payable to the Oregon Water Resources Department for the appropriate amount. The Department's fee schedule can be found at www.wrd.state.or.us or call (503) 986-0900.

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

Ground Water/6

DEC 2 2 2007

WATER RESOURCES DEPT SALEM, ORESON

JAN 07 200B

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WATER RESOURCES DEPT SALEM, OREGON



#### **Oregon Water Resources Department**

## FORM I FOR IRRIGATION WATER USE

1. Please indicate whether y	ou are requesting a	primary or supplemental irrigation water right.
X⊠ Primary □ Su	pplemental	
	If supplemental, plo will be irrigated for	lease indicate the number of acres that each type of use.
	Primary:	13.9 Acres
	Secondary:	0.0 Acres
	List the permit or coof the primary water	ADDITION TO NOT
Please list the anticipated partial season:	d crops you will grow	and whether you will be irrigating them for a full or
1. GENERAL NURSERY USE	S D Full seas	son A Partial season (from: MAR.1 to OCT.) 31
2. GENERAL AGRICULTURA	L USE 🗆 Full seas	son 🔀 Partial season (from: NOV - 1 to END )FEE
3	D Full seas	son   Partial season (from:to)
4	□ Full seas	son   Partial season (from:to)
3. Indicate the maximum tot	al number of acre-fe	et you expect to use in an irrigation season:
	108	acre-feet
(1 acre-foot equals 12	inches of water spread or	ver 1 acre, or 43,560 cubic feet, or 325,851 gallons.)
How will you schedule you twice a week, daily?	our applications of wa	ater? Will you be applying water in the evenings,
CAN YARDS & GRE	ENHOUSES me hours	☐ Daily during nighttime hours
☐ Two or three time during daytime	es weekly	ESTABLISHED PLANTS  Two or three times weekly during nighttime
☐ Weekly, during da	aytime hours	☐ Weekly, during nighttime hours
☐ Other, explain:		

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Last revision: October 31, 1996

## Legal Description

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DEC 28 2007

#### WATER RESOURCES DEPT SALEM, OREGON

Order No: 238775

LEGAL DESCRIPTION

#### PARCEL 1:

A parcel of land in the Northwest one-quarter of the Southwest one-quarter of Section 4, Township 5 South, Range 3 East, of the Willamette Meridian, in the County of Clacksmas and State of Oregon, described as follows:

Beginning at the West one-quarter corner of said Section 4, said corner being in the center of County Road No. 970; thence South along the West line of the Northwest one-quarter of the Southwest one-quarter and the center line of said road, 440 feet; thence East parallel with the North line of the Northwest one-quarter of the Southwest one-quarter of said Section 4, a distance of 960 feet; thence North 440 feet parallel with the West line of said Northwest one-quarter of the Southwest one-quarter of the North line of said Northwest one-quarter of the Southwest one-quarter of the Southwest one-quarter to the point of beginning.

EXCEPT that part of the herein described property lying within the boundaries of road and highways.

#### PARCEL 2:

Part of the Northwest one-quarter of the Southwest one-quarter of Section 4, Township 5 South, Range 3 East, of the Willamette Meridian, in the County of Clackamas and State of Oregon, described as follows:

Beginning at the Northeast corner of the Northwest one-quarter of the Southwest one-quarter; thence West along the North line of said Southwest one-quarter 330 feet, more or less, to the Northeast corner of the tract described in Deed to Austin M. Fields, et ux, recorded under Fee No. 69 8115; thence South 440 feet to the Southeast corner of said Fields Tract; thence West 990 feet, along the South line of said Fields Tract and the Westerly extension thereof to the West line of said Section; thence South along said West line 55 feet; thence East, parallel with said North line 1320 feet, more or less, to the East line of said Northwest one-quarter of said Southwest one-quarter; thence North 495 feet along said East line to the point of beginning.

EXCEPTING THEREFROM that portion lying within roads and highways.



Applicant Name:

## Oregon Water Resources Department Land Use Information Form

GEORGE and SUSAN HANSEN dba FOOTHILLS HONEY

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.

						SWALT F			F02.0	24 2265
City:	COLI	.UN			State: _	OR Zip	: 97017	D	ay Phone: 503-8	24-2205
			i to a N	1eası	are 37 cl	aim. ГYes	Г No			
Land and L	ocation	!								
	used. A	pplicant	s for m	unic	ipal use,	or irrigation	uses within	n irrigatio	aken from its source n districts may substi	
Township	Range	Section	1414	Ta	x Lot #		nation (e.g.	T	Water to be:	Proposed Land Use:
5S	3E	4	NW	\$W	4902	AG/F		X Diverte	d CConveyed X Used	IRRIG
					4908			☐ Diverte	d Conveyed Used	
	_	-						☐ Diverte	d Conveyed Used	
								☐ Diverte	d Conveyed Used	
pe of applicat						rces Departr		ΩEx	change of Water	
☐ Alloca	tion of C	Conserve	d Wate	er		imited Wate		ise		
urce of water:	EXEM XI Res	IPT ervoir/Po	ond	X⊒ G	round W	/ater	□ Surface \	Water (nar	me)	
timated quant	ity of wa	ter need	ed:	0.2	2227	X cubic	feet per sec	1( cond X <sub>2</sub>	OOGPM gallons per minute	□ acre-feet
ended use of		☐ Irrigati ☐ Munic			ommerc uasi-mu		□ Industria □ Instream		omestic for he	ousehold(s)
iefly describe	TWO	WELL	LS W	IT	SUB	MERSIBI	E PUMP	S, BUI	RIED PVC TRA	NSMISSIO
DISTRI	BUTIC	N PI	PELI	NES	, "P	OP-UP"	RAINBI	RD SPI	RINKLERS, DR	
										<u>IP LIN</u> ES
	RIKET	GAR	DON	A	REA	1 to	Urser			
	RKET	GAR	DON	A	REA	+ 10	urser		OK .	
FOR HA	nt: <i>If the</i>	e Land U	lse Info	orma.	tion For	m cannot be	completed	y STOO		ocal governmen

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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DEC 28 2007

WATER RESOURCES DEPT SALEM OREGON

#### For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In 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 be	elow and provide the requested	informatio	<u>n</u>	
Land uses to be served by proporegulated by your comprehensive	osed water uses (including proposed of e plan. Cite applicable ordinance sec	construction)	are allowed outright	or are not
approvals as listed in the table be already been obtained. Record of	osed water uses (including proposed of elow. (Please attach documentation of Action/land-use decision and accord and but all appeal periods have not e	of applicable mpanying fine	land-use approvals w dings are sufficient.)	which have
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	l-Use Approval:	
conditional-use permits, etc.)		☐ Obtained	☐ Being pursued	
		☐ Denied	☐ Not being pursued	
		☐ Obtained	☐ Being pursued	
		☐ Denied	☐ Not being pursued	_
		☐ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued	
		□ Obtained	☐ Being pursued	
		☐ Denied	☐ Not being pursued	
-		□ Obtained	☐ Being pursued	
		□ Denied	☐ Not being pursued	
			WATE	JAN 0 3 2008 RRESOURCES DEPT SALEM OREGON
Name: Sander Inc Signature: See Aby  Government Entity: Clack  Rome A6/	Title: Tours County	7anne 1534500	Date: _ (20/	<u>/0.2</u>
Note to local government representative If you sign the receipt, you will have 30 da Land Use Information Form or WRD may local comprehensive plans.	rys from the Water Resources Depart	ment's notice	date to return the co	mpleted
	t for Request for Land Use I			
Applicant name:				
City or County:	Staff contact:			
Signature:	Phone:		_ Date:	



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.

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DEC 28 2007

WATER RESOURCES DEPT SALEM, OREGON

#### Memorandum

TO:

George and Susan Hansen dba

Foothills Honey

30576 South Oswalt Road

Colton, OR 97017

Tel: 503-824-2265 Fax: 503-824-2260

E-mail: geohans@Colton.com

FROM:

Edward A. Crane, CWRE

SUBJECT:

Application for a Permit to Use Ground Water

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Both in Clackamas County, Oregon

Irrig: Appl. for 0.2227-cfs (100+/-gpm) on 13.90 Acres

DATE:

November 9, 2007

D:\CRANE ENGR & SURVEY\PROJECTS\543-001\543-001 TRANS1.DOC

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Please accomplish the items shown in bold below and then forward or deliver the completed letter with attachments to the OWRD office in Salem if everything is correctly shown or called out. If something needs correction, please return the letter, application & map to me for correction.

- 1. <u>Application for a Permit to Use Ground Water, and Oregon Water Resources</u>

  <u>Department Form "I" (Irrigation).</u> Please sign the Application at the yellow sticker.
- 2. Ground Water Permit Application Map

If any major corrections are needed, please return the map to me and I'll make the corrections. I will then return the map to you for sending on to OWRD in Salem.

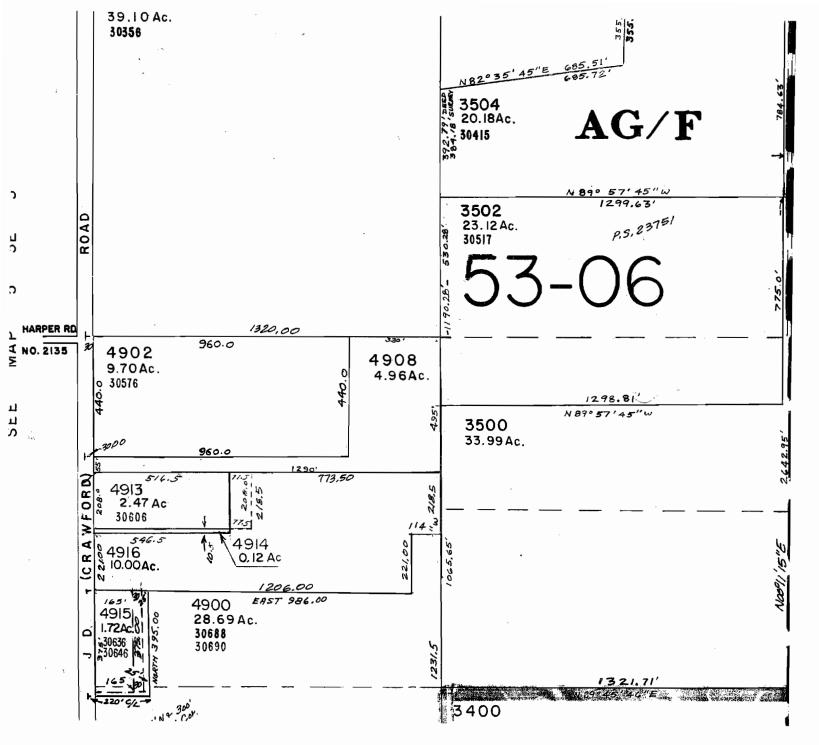
3. Copy of Property Deeds & Legal Descriptions

Please include the attached copies of the deeds for the Tax Lots in the letter to be sent to Oregon Water Resources Department in Salem.

CRANE ENGINEERING & SURVEYING, INC. 13755 SE 119<sup>th</sup> Drive Clackamas, OR 97015 TEL: 503-698-3890; FAX: 503-698-3861 CELL: 503-679-3253; E-Mail: eces@verizon.net

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WATER RESOURCES DEPT SALEM OREGON

