



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.

1. APPLICANT INFORMATION

A. Individuals

Applicant: SHAWN BINGAMAN
First Last

Mailing address: P.O. Box 143
Imbler Oregon 97841
City State Zip

Phone: (541) 534-9465
Home Work Other

*Fax: _____ *E-Mail address: _____

B. Organizations

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

Name of organization: _____

Name and title of person applying: SHAWN BINGAMAN

Mailing address of organization: _____

City State Zip

Phone: _____
Day Evening

*Fax: _____ *E-Mail address: _____

** Optional information*

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

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Last updated: 2/13/2008

SEP 02 2008 Ground Water/1

WR

WATER RESOURCES DEPT
SALEM, OREGON

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: Grande Ronde River

Distance from well(s) to nearest stream or lake: 1) 1/2 Mile

2) _____ 3) _____ 4) _____

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

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: Riverside Inc.

Address: P.O. BOX 720 Parma Idaho, 83660 (208) 722-6731

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Completion Date: October 31, 2013

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 in water	Est. depth to water bearing stratum	Type of access port or measuring device	Total well depth
1	16"	steel	300'-1500'		Basalt	300-1500	300	-	300'-1500'

Note: Well numbers in this listing must correspond to well location(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:

A shutoff valve would be fitted on the well to control artesian flow.

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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Ground Water/3

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WATER RESOURCES DEPT
SALEM, OREGON

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	Ground water	Irrigation	1000 g.p.m.	unknown	1000 g.p.m.

C. Maximum Rate of Use Requested

What is the maximum, instantaneous rate of water that will be used? 2.05 c.f.s.
(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: March 1 thru October 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: 164.6 Ac.
(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): 100 H.P.

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 8" Length 2640'

Other (describe) **RECEIVED** _____
Ground Water/4

C. Application/Distribution Method

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

Wheel lines, Hand Pack and or Center Pivot.

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

- Flood
- Drip
- Hand Lines
- Siphon tubes or gated pipe with furrows
- other, describe: _____
- High pressure sprinkler
- Water Cannons
- Wheel Lines
- Low pressure sprinkler
- Center pivot system

Distribution method

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

E. Conservation

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

Low pressure sprinklers and crop rotation.

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: January 1, 2009

Proposed date construction will be completed: March 1, 2013

Proposed date beneficial water use will begin: March 1, 2014

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.

My proposal is to drill and seal into Basalt, a new well and irrigate the lands shown in accompanying map. I will use wheel lines or Center Pivot along with Hand Pack in irregular areas.

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Ground Water/S

8. MAP REQUIREMENTS

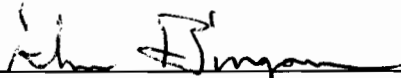
The Department cannot process your application without accurate information showing the source of water and location of water use. You must include a map with this application form that clearly indicates the township, range, section, and quarter/quarter section of the proposed well location and place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

8-11-08

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 or call (503) 986-0900.

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

WATER RESOURCES DEPT *Ground Water/6*
SALEM, OREGON

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

4110
 2451

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OCT 17 1988

15/39E-9dac
 Start card 6515

(1) OWNER: Well Number _____
 Name Ruth K. Johnson
 Address Rt. 1, Box 748, Parks Lane
 City Summerville State OR Zip 97876

(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			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12"	0	50	Cement	0	50	14 sacks
8"	50	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
8"	0	50	250	<input checked="" 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"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
340		500	1 hr.

Temperature of water _____ Depth Artesian _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Yes
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 SALEM, OREGON
 County Union Latitude _____ Longitude _____
 Township 15 N or S, Range 39E E or W, WM.
 Section 9 W1/4 SE 4
 Tax Lot 1300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Box 748 Parks Lane, Summerville, OR 97876

(10) STATIC WATER LEVEL:
237 ft. below land surface. Date 9-7-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 236

From	To	Estimated Flow Rate	SWL
236	252	40	
482	500	300	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Dark brown clay	0	8	
Light brown clay	8	46	
Gray basalt	46	97	
Red clay	97	99	
Gray basalt	99	151	
Soft red basalt	151	167	
Gray basalt	167	212	
Broken basalt with yellow soapstone	212	236	
Soft red & brown basalt	236	252	WB
Gray basalt	252	285	
Broken gray basalt	285	291	
Gray basalt	291	313	
Broken gray basalt with pink soapstone	313	323	
Broken gray basalt	323	335	
Brown claystone	335	424	
Gray basalt	424	482	
Broken gray basalt	482	500	WB

Date started 9-6-88 Completed 9-7-88

(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 Patrick C. Wallace WWC Number 1218
 Date 10-1-88

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WATER RESOURCES DEPARTMENT
 SALEM, OREGON

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JUL 14 2005

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 77664

START CARD # 174154

Instructions for completing this report are on the back page of this form
WATER RESOURCES DEPT
SALEM, OREGON

(1) LAND OWNER
Name Robert & Sandie Hill
Address 67959 Hug Rd
City Summerville State OR Zip 97876

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 323 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10	0	25	Cement	0	25	10 sacks
6	25	323	Bentonite	0	4	3 sacks

How was seal placed: Method A B C D E
 Other Poured Bentonite
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. NONE of gravel

(6) CASING/LINER

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	0	43	.950	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4	23	323	5/8 40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS

Perforations Method SMW
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
243	323	5/16	200		4"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30			

Temperature of water 62° 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: _____
WATER RESOURCES DEPT
SALEM, OREGON

(9) LOCATION OF WELL (legal description)
County Union
Tax Lot 1500 Lot _____
Township 18 N or S Range 39E E or W W
Section 4 SW 1/4 SW _____
Lat _____ " or _____ (degrees or decin
Long _____ " or _____ (degrees or decin
Street Address of Well (or nearest address) 67959 Hug Rd
Summerville Or

(10) STATIC WATER LEVEL
72 ft. below land surface. Date 7-5-05
_____ ft. below land surface. Date _____
Artesian pressure 0 lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
290	320	30	72

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Top Soil	0	10	
Spand of Brown Clay	10	35	
Fractured Black Basalt	35	90	
Sandy Clay & sand	90	103	
Thin Clay	103	120	
Thin Brown Shale	120	135	
Thin Clay	135	155	
Green Shale	155	165	
Thin Shale	165	180	
Thin Clay	180	195	
Green shale	195	215	
Brown Shale	215	230	
Fractured Black Basalt	230	290	
Fractured Basalt Basalt	290	323	72

Date Started 7-5-05 Completed 7-5-05

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true the best of my knowledge and belief.

WWC Number 1640 Date 7-11-05
Signed [Signature]

(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. 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.

WWC Number 415 Date 7-11-05
Signed [Signature]

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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: 164.6 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>Wheat</u> | <input checked="" type="checkbox"/> Full season | <input type="checkbox"/> Partial season (from: _____ to _____) |
| 2. <u>alf alfa</u> | <input checked="" type="checkbox"/> Full season | <input type="checkbox"/> Partial season (from: _____ to _____) |
| 3. <u>Production Grass</u> | <input checked="" type="checkbox"/> Full season | <input type="checkbox"/> Partial season (from: _____ to _____) |
| 4. <u>mint</u> | <input checked="" 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:

3.0 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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**WATER RESOURCES DEPT
SALEM, OREGON**

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SEP 02 2008 20024984

WARRANTY DEED WATER RESOURCES DEPT
SALEM, OREGON

ROBERT B. LEE, hereinafter called the Grantor, hereby conveys and warrants to M. SHAWN BINGAMAN, hereinafter called the Grantee, all that certain real property situated in the County of Union, State of Oregon, described as follows, to-wit:

The southwest quarter of southeast quarter and the south half of southwest quarter of Section 2; the north half of north half of northwest quarter of Section 11; the southeast quarter of Section 3, and that part of the east half of southwest quarter of Section 3 lying easterly of the center of the channel of Grande Ronde River; all that part of the northwest quarter of northeast quarter and of the northeast quarter of northwest quarter of Section 10 lying easterly of the center of the channel of Grande Ronde River and north and west of the County Road; and all that part of the southeast quarter of northwest quarter and of the south half of northeast quarter of Section 3 lying east of the center of the channel of Grande Ronde River and south and west of the center of the channel of a spring branch or gulch that intersects the south line of said southeast quarter of northeast quarter of Section 3 about 75 rods west of the southeast corner of said northeast quarter, and runs thence in a Northwesterly direction to the junction of Grande Ronde River;

SUBJECT TO EASEMENTS for roads, utilities and ditches as same now exist or appear of record.

All being in Township 1 South, Range 39 East of the Willamette Meridian, and situate in Union County, Oregon.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

The true and actual consideration for this transfer, stated in dollars, is \$80,000.00.

Dated this 2 day of ~~July~~ ^{August}, 1991.

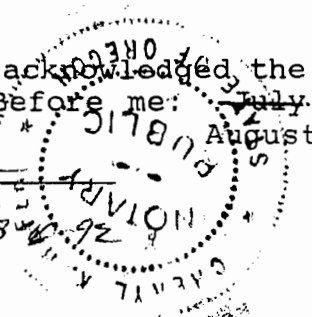
Robert B. Lee

ROBERT B. LEE

STATE OF OREGON, County of Union) ss.

Personally appeared the above named ROBERT B. LEE and acknowledged the foregoing instrument to be his voluntary act and deed. Before me: July 2, 1991.

Cheryl K. Hagler
Notary Public for Oregon
My Commission Expires: 3rd 92



After Recording Return To:
~~M. Shawn Bingaman~~ *Patty*
~~P.O. BOX 129 143~~ *Bingaman*
Imbler, OR 97841 *PO Box 509 Imbler*

Send Tax Statements To:
M. Shawn Bingaman
P. O. Box 129 143
Imbler, OR 97841

STATE OF OREGON

County of Union

} SS

I certify that this instrument was received and recorded in the book of records of said county.

R. NELLIE BOGUE HIBBERT,
Union County Clerk

by: *R Nelson* Deputy.

DOC#: 20024984
RCPT: 50847 27.00
8/30/2002 2:02 PM
REFUND: .00

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WATER RESOURCES DEPT
SALEM, OREGON



Oregon Water Resources Department
Land Use Information Form

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WATER RESOURCES DEPT
SALEM, OREGON

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: Shawn Bingaman
Mailing Address: P.O. Box 143
City: Imbler State: Ore. Zip: 97841 Day Phone: (541)-534-9465

This application is related to a Measure 37 claim. [] Yes [x] 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 1/4, Tax Lot #, Plan Designation (e.g. Rural Residential/RR-5), Water to be: (Diverted, Conveyed, Used), Proposed Land Use: (Irrigation). Row 1: 1S, 39E, 3-10, 1000, UC A-1, A-4, [x] Diverted [x] Conveyed [x] Used, Irrigation.

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

B. Description of Proposed Use

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

- [x] 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 [x] Ground Water [] Surface Water (name)

Estimated quantity of water needed: 2.05 [x] cubic feet per second [] gallons per minute [] acre-feet

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

Briefly describe: Irrigation of farmland and pasture

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

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): UC 2.250.

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.

Name: Cody E VAUGHN Title: PLANNER

Signature: [Signature] Phone: 968-1014 Date: 7-9-08

Government Entity: Union 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: _____