**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: JEFFERSON & MARY DEFERRARI
(First / Last)

Mailing address: 6832 SCISM RD NE

SILVERTON (City) OR (State) 97381 (Zip)

Phone: ~~Home~~ CELL 503·223·0002 503·991·7130 (Work) HOME 503·873·1122 (Other)

*Fax: _____ *E-Mail address: JEFFERSON@SELGNONATUREORNAMENTALS.COM

### B. Organizations

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

Name of organization: _____

Name and title of person applying: _____

Mailing address of organization: _____

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_____
(City / State / Zip)

Phone: _____
(Day / Evening)

*Fax: _____ *E-Mail address: _____

* *Optional information*

For Department Use

App. No. G-17156 Permit No. _____ Date _____

## 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: _____

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

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: _____

Address: _____

_____

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Completion date: _____

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 | 8" | STEEL | 140' | (REFER TO WELL LOGS) | | | | | 140' |
| 2 | | PROPOSED | (SEE ATTACHMENT MAR1 61397, MAR1 60369, MAR1 3583, MAR1 58801) | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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:

_____

_____

_____

_____

_____

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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**

**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 | REFER TO P. 3 | NURSERY | | | |
| 2 | REFER TO P.3 | | | | |
| | | | | | |
| | | | | | |

**C. Maximum Rate of Use Requested**
What is the maximum, instantaneous rate of water that will be used? 300
*(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 - 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: 12
*(This number should be consistent with your application map.)*

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## 5. WATER MANAGEMENT

**A. Diversion**
What equipment will you use to pump water from your well(s)?

☑ Pump (give horsepower and pump type): 15-30 VARIABLE DRIVE?

☐ 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 _____ Length _____

☐ Other (describe) _____

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**C. Application/Distribution Method**

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

_____

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

| | | |
|---|---|---|
| ☐ Flood | ☑ High-pressure sprinkler | ☐ Low pressure sprinkler |
| ☑ Drip | ☐ Water cannons | ☐ Center pivot system |
| ☑ Hand lines | ☐ Wheel lines | |

☐ Siphon tubes or gated pipe with furrows

☐ Other, describe _____

Distribution method

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

**D. Conservation**

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



_____

_____

_____

## 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: _____

Proposed date construction will be completed: _____

Proposed date beneficial water use will begin: _____

## 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.*

_____

_____

_____

_____

_____

_____

## 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:

Jefferson DeJonau — 12·30·08

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 or call (503) 986-0900.

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MAR # 17383

65/1W/30 bd

(START CARD) # W-23947

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

**(1) OWNER:** Well Number:
Name Gregg Ditchen
Address 9732 Nusom Rd N.E.
City Silverton State Ore. Zip

**(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 150' ft.
Explosives used Yes ☐ No ☒ Type Amount

| HOLE Diameter | From | To | SEAL Material | From | To | Amount sacks or pounds |
|---|---|---|---|---|---|---|
| 10" | 0 | 21' | Cement | 0 | 21' | 44 sacks |
| 6" | 21' | 150' | | | | |
| | | | | | | |
| | | | | | | |

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: | 6" | +16" | 127' | .250 | ☒ | ☐ | ☒ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| Liner: | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Final location of shoe(s) 127'

**(7) PERFORATIONS/SCREENS:**
☐ Perforations Method
☒ Screens Type Houston Material S. Steel

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|---|---|---|---|---|---|---|---|
| 129' | 144' | 16 | | 5" | 5" | ☒ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| 40 | 6' | | 4 Hrs |
| | | | |

Temperature of water 53° 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:

**(9) LOCATION OF WELL by legal description:**
County Marion Latitude Longitude
Township 6S N or S, Range 1W E or W, WM.
Section 30 SE ¼ NW ¼
Tax Lot Lot Block Subdivision
Street Address of Well (or nearest address) 7001 Susom Rd N.E.

**(10) STATIC WATER LEVEL:**
32 ft. below land surface. Date 4-30-91
Artesian pressure lb. per square inch. Date

**(11) WATER BEARING ZONES:**
Depth at which water was first found 80'

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| 80' | 105' | 25gpm | 8' |
| | | | |
| | | | |
| | | | |

**(12) WELL LOG:** Ground elevation

| Material | From | To | SWL |
|---|---|---|---|
| Topsoil | 0' | 2' | |
| Brown Clay | 2' | 28' | |
| Green Clay | 28' | 64' | |
| Silty Brown Clay | 64 | 80 | |
| Medium gravel & Sand | 80 | 87' | 8' |
| Medium Sand (Brown) | 87' | 92' | 8' |
| Gray Clay & Gravel | 92' | 99' | 8' |
| Silty Sand & small gravel | 99 | 105' | 8' |
| Cemented Sand & gravel | 105' | 118 | |
| Sand & medium gravel | 118' | 126' | 32' |
| Medium Sand | 126' | 133 | 32' |
| Sand & Medium gravel | 133' | 150' | 32' |

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SALEM, OREGON

Date started 4-16-91 Completed 5-1-91

**(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.
WWC Number 1548
Signed Thomas E Dunn Date 5-3-91

**(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.
WWC Number
Signed Paul Bills Date 5/7/91

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MARI 58801

G-17156 Mari 58801

**STATE OF OREGON**
**WATER SUPPLY WELL REPORT**
(as required by ORS 537.765)
**Instructions for completing this report are on the last page of this form.**

WELL I.D. # L 75901
START CARD # 101600

**(1) OWNER:** Clarence Schmidt Well Number
Name Clarence Schmidt
Address 7881 Howell Prairie Rd.NE
City Silverton State OR Zip 97381

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

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

**(4) PROPOSED USE:**
[ ] Domestic [ ] Community [ ] Industrial [X] Irrigation
[ ] Thermal [ ] Injection [ ] Livestock [ ] Other

**(5) BORE HOLE CONSTRUCTION:**
Special Construction approval [ ] Yes [X] No Depth of Completed Well 205 ft.
Explosives used [ ] Yes [ ] No Type Amount

| HOLE Diameter | From | To | SEAL Material | From | To | Sacks or pounds |
|---|---|---|---|---|---|---|
| 16" | 0 | 1' | Bentonite | 0 | 1 | bentonite |
| 16" | 1 | 83 | Cement&5% bentonite | 1 | 83 | 48sacks & 5%bentonite |
| 12" | 83 | 205 | | | | |

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[ ] Other
Backfill placed from ft. to ft. Material
Gravel placed from 160 ft. to 205 ft. Size of gravel 6-9

**(6) CASING/LINER:**

| | Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| Casing: | 12" | +2'10" | 209 | .250 | [X] | [ ] | [X] | [ ] |
| | | | | | [ ] | [ ] | [ ] | [ ] |
| | Gravel Feed pipe inside 12" casing | | | | [ ] | [ ] | [ ] | [ ] |
| | 1½" | +2'8" | 161 | | [X] | [ ] | [ ] | [X] |
| Liner: | | | | | [ ] | [ ] | [ ] | [ ] |
| | | | | | [ ] | [ ] | [ ] | [ ] |

Final location of shoe(s) 209'

**(7) PERFORATIONS/SCREENS:**
[X] Perforations Method Mills Knife
[X] Screens Type V wire Material stainless

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|---|---|---|---|---|---|---|---|
| 98 | 165 | 3/8x2½ | 918 | 12" | | [X] | [ ] |
| 160'8" | 185'3" | | | 8" | pipe | [X] | [ ] |
| 182' | 201' | ½x2½ | 260 | 12" | | [X] | [ ] |
| 185'3" | 200'6" | .055 | | 8" | p.s. | [ ] | [ ] |
| 200'6" | 205' | | | 8" | pipe | [X] | [ ] |

205' Bottom plate & lift bail

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| 360 | 103' | | 1 hr. |
| 360 | 106' | | 4hrs |
| | | | |

Temperature of water 53 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 [ ] Water
Depth of strata:

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**(9) LOCATION OF WELL by legal description:**
County Marion Latitude Longitude
Township 6S N or S Range 1W E or W. WM.
Section 31 NW 1/4 NE 1/4
Tax Lot 800 Lot Block Subdivision
Street Address of Well (or nearest address) Scism Rd.NE
Silverton, OR 97381

**(10) STATIC WATER LEVEL:**
36'6" ft. below land surface. Date 1/26/05
Artesian pressure lb. per square inch. Date

**(11) WATER BEARING ZONES:**
Depth at which water was first found 89'

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| 84' | 124' | 100 gpm | 36'6" |
| 128 | 165' | 150 gpm | 36'6" |
| 189' | 197' | 100 gpm | 36'6" |
| | | | |
| | | | |

**(12) WELL LOG:**
Ground Elevation

| Material | From | To | SWL |
|---|---|---|---|
| Topsoil | 0 | 1 | |
| Clay brown | 1 | 23 | |
| Clay gray silty | 23 | 52 | |
| Clay dark gray | 52 | 57 | |
| Clay dk.gray silty | 57 | 70 | |
| Cemented gravel & sand gra | 70 | 84 | 36' |
| Cemented gravel,sand brown | 84 | 124 | 36' |
| Clay brown | 124 | 128 | |
| Cemented gravel,brown clay | 128 | 161 | 36' |
| Cemented grave,gray clay | 161 | 165 | 36' |
| Clay gray | 165 | 170 | |
| Clay blue green | 170 | 189 | |
| Sand fine & silt gray | 189 | 195 | 36' |
| Silt gray | 195 | 197 | 36' |
| Sand layers&silty gray clay | 197 | 205 | |
| Clay gray & green,sticky | 205 | 209 | |
| | | | |
| | | | |
| | | | |
| | | | |

Date started 10/27/04 Completed 2/18/05

**(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 the best of my knowledge and belief.
WWC Number 1704
Signed Date 2/21/05

**(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.
WWC Number 783
Signed Date 2/21/05

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G-17156

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

RECEIVED JUN 20 1972 STATE ENGINEER SALEM, OREGON

# WATER WELL REPORT
## STATE OF OREGON
(Please type or print)
(Do not write above this line)

MARION 3583

State Well No. 6S/1W-30dd

State Permit No. .....

## (1) OWNER:
Name Jack Long
Address Rt. 2 Box 20KB Silverton Ore.

## (2) TYPE OF WORK (check):
New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

## (3) TYPE OF WELL:
Rotary ☐ Driven ☐
Cable ☒ Jetted ☐
Dug ☐ Bored ☐

## (4) PROPOSED USE (check):
Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

## CASING INSTALLED:
Threaded ☐ Welded ☒
8" Diam. from 0 ft. to 168 ft. Gage 250.
..." Diam. from ... ft. to ... ft. Gage ...
..." Diam. from ... ft. to ... ft. Gage ...

## PERFORATIONS:
Perforated? ☒ Yes ☐ No.
Type of perforator used Oxy-Acet
Size of perforations 1/4 in. by 8. in.
72 perforations from 148 ft. to 168. ft.
... perforations from ... ft. to ... ft.
... perforations from ... ft. to ... ft.

## (7) SCREENS:
Well screen installed? ☐ Yes ☒ No
Manufacturer's Name ...
Type ... Model No. ...
Diam. ... Slot size ... Set from ... ft. to ... ft.
Diam. ... Slot size ... Set from ... ft. to ... ft.

## (8) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? ☐ Yes ☒ No If yes, by whom?
Yield: ... gal./min. with ... ft. drawdown after ... hrs.
" " " "
" " " "
Air test Approx. 300 gal./min. with 143 ft. drawdown after 3 hrs.
Artesian flow ... g.p.m.
Temperature of water ... Depth artesian flow encountered ... ft.

## (9) CONSTRUCTION:
Well seal—Material used Cement
Well sealed from land surface to 35' ft.
Diameter of well bore to bottom of seal 12 in.
Diameter of well bore below seal 8 in.
Number of sacks of cement used in well seal 3 sacks
Number of sacks of bentonite used in well seal ... sacks
Brand name of bentonite ...
Number of pounds of bentonite per 100 gallons of water ... lbs./100 gals.
Was a drive shoe used? ☒ Yes ☐ No Plug ... Size: location ... ft.
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? ... depth of strata ...
Method of sealing strata off ...
Was well gravel packed? ☐ Yes ☒ No Size of gravel: ...
Gravel placed from ... ft. to ... ft.

## (10) LOCATION OF WELL:
County Marion Driller's well number 428.
NW ¼ SW ¼ Section 30 T. 6S R. 1W W.M.
Bearing and distance from section or subdivision corner ...

## (11) WATER LEVEL: Completed well.
Depth at which water was first found [illegible] 20 ft.
Static level 25' ft. below land surface. Date June 3, 1972
Artesian pressure ... lbs. per square inch. Date ...

## (12) WELL LOG:
Diameter of well below casing —
Depth drilled 168 ft. Depth of completed well 168 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. *Report each change in position of Static Water Level and indicate principal water-bearing strata.*

| MATERIAL | From | To | SWL |
|---|---|---|---|
| Soil | 0 | 6 | |
| Clay | 6 | 18 | |
| Sandy Clay | 18 | 30 | |
| Clay Blue | 30 | 60 | 14 |
| Clay Blue Small Gravel | 60 | 85 | 14 |
| Small Gravel & Clay Brown | 85 | 148 | 14 |
| Small Gravel | 148 | 168 | 25 |

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Work started May 20 1972 Completed June 2 1972
Date well drilling machine moved off of well June 3 1972.

**Drilling Machine Operator's Certification:**
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] A. William Long (Drilling Machine Operator) Date June 3, 1972
Drilling Machine Operator's License No. 117

**Water Well Contractor's Certification:**
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Long Drilling (Person, firm or corporation) (Type or print)
Address 4190 Fletcher Rd NE, Salem, Ore.
[Signed] A. William Long (Water Well Contractor)
Contractor's License No. 75 Date June 3, 1972

(USE ADDITIONAL SHEETS IF NECESSARY)

SP*45656-119

6-17156

# MART 60369

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

**Westerberg Drilling, Inc.**
**36728 S. Kropf Rd.**
**Molalla, OR 97038**

WELL I.D. # L 84746

START CARD # 191068

Instructions for completing this report are on the last page of this form.

**(1) LAND OWNER** Well Number
Name Eder Bros. Inc.
Address 11690 Hook Rd. NE
City Mt. Angel State OR Zip 97362

**(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 177.5 ft.
Explosives used: ☐ Yes ☑ No Type Amount

| BORE HOLE Diameter | From | To | SEAL Material | From | To | Sacks or Pounds |
|---|---|---|---|---|---|---|
| 16" | 0 | 60 | Cement | 10.5 | 60 | 117 sacks |
| | | | Bentonite | 0 | 10.5 | 11 sacks |
| 12" | 60 | 190 | | | | |
| | | | | | | |

How was seal placed: Method ☐ A ☐ B ☑ C ☐ D ☐ E
☑ Other Bentonite placed dry
Backfill placed from 177.5 ft. to 190 ft. Material cement
Gravel placed from ft. to ft. Size of gravel

**(6) CASING/LINER**

| | Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| Casing: | 12" | +1 | 177.5 | .250 | ☑ | ☐ | ☑ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| Liner: | None | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Drive Shoe used ☐ Inside ☑ Outside ☐ None
Final location of shoe(s) 177.5'

**(7) PERFORATIONS/SCREENS**
☑ Perforations Method Mills knife
☐ Screens Type Material

| From | To | Slot Size | Number | Diameter | Tele/pipe size | Casing | Liner |
|---|---|---|---|---|---|---|---|
| 90 | 149 | 2x1/2 | 990 | | | ☑ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| 350 | 60' | | 6 hr. |
| | | | |
| | | | |

Temperature of water 56 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:

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**(9) LOCATION OF WELL (legal description)**
County Marion
Tax Lot 1200 Lot
Township 6 S Range 1 W WM
Section 30 NW 1/4 SE 1/4
Lat ° ' " or (degrees or decimal)
Long ° ' " or (degrees or decimal)
Street Address of Well (or nearest address) 6421 Torvend Rd. NE
Silverton, OR 97381

**(10) STATIC WATER LEVEL**
37 ft. below land surface. Date 4-27-07
ft. below land surface. Date
Artesian pressure lb. per square inch Date

**(11) WATER BEARING ZONES**
Depth at which water was first found 27'

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| 27 | 46 | DNM | DNM |
| 77 | 149 | 350 gpm | 37' |
| | | | |
| | | | |
| | | | |

**(12) WELL LOG** Ground Elevation

| Material | From | To | SWL |
|---|---|---|---|
| Topsoil | 0 | 2 | |
| Clay brown | 2 | 27 | |
| Clay grey blue silty | 27 | 46 | |
| Clay grey sticky | 46 | 55 | |
| Clay green sticky | 55 | 61 | |
| Clay brown sticky | 61 | 70 | |
| Clay dark grey w/ wood | 70 | 77 | |
| Cemented gravel grey | 77 | 132 | |
| Gravel cemented w/ clay | 132 | 149 | |
| Clay grey | 149 | 164 | |
| Clay grey sandy | 164 | 166 | |
| Silt grey sandy | 166 | 172 | |
| Silt brown w/ clay | 172 | 177 | |
| Clay blue sticky | 177 | 184 | |
| Silt grey sandy | 184 | 188 | |
| Silt grey | 188 | 190 | |

Date Started 2-21-07 Completed 4-27-07

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

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WWC Number Date
Signed

(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 688 Date 5-8-07
Signed Steven N. Studebaker

ORIGINAL – WATER RESOURCE DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER 06/16/2004

6-17156

# MARI 61397

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

WELL LABEL # L 87492

START CARD # 171677

## (1) LAND OWNER

Owner Well I.D.

First Name GARY Last Name CAMERON

Company

Address 6442 SCISM ROAD N.E.

City SILVERTON State OR Zip 97381

## (2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

## (3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

## (4) PROPOSED USE

[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

## (5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well 160 ft.

| BORE HOLE Dia | From | To | SEAL Material | From | To | Amt | sacks/ lbs |
|---|---|---|---|---|---|---|---|
| 16 | 0 | 55 | Cement | 0 | 66 | 55 | S |
| 14 | 55 | 66 | | | | | |
| 11.75 | 66 | 160 | | | | | |
| | | | | | | | |

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E

[ ] Other

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [ ] Yes Type Amount

## (6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|---|---|---|---|---|---|---|---|---|---|---|
| [X] | [ ] | 10 | [X] | 2 | 160 | .250 | [X] | [ ] | [X] | [ ] |
| [ ] | [ ] | | [ ] | | | | [ ] | [ ] | [ ] | [ ] |
| [ ] | [ ] | | [ ] | | | | [ ] | [ ] | [ ] | [ ] |
| [ ] | [ ] | | [ ] | | | | [ ] | [ ] | [ ] | [ ] |
| [ ] | [ ] | | [ ] | | | | [ ] | [ ] | [ ] | [ ] |

Shoe [X] Inside [ ] Outside [ ] Other Location of shoe(s) 160

Temp casing [ ] Yes Dia From To

## (7) PERFORATIONS/SCREENS

Perforations Method HOLTE

Screens Type Material

| Perf/Screen | Casing/ Liner | Screen Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/ pipe size |
|---|---|---|---|---|---|---|---|---|
| Perf | Casing | 10 | 140 | 155 | .25 | 1 | 600 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

( ) Pump ( ) Bailer (•) Air ( ) Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---|---|---|---|
| 500 | | 158 | 6 |
| | | | |
| | | | |

Temperature 54 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below)

| From | To | Description | Amount | Units |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

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## (9) LOCATION OF WELL (legal description)

County MARION Twp 6 S N/S Range 1 W E/W WM

Sec 30 NE 1/4 of the SW 1/4 Tax Lot 300

Tax Map Number Lot

Lat ° 0 ' " or DMS or DD

Long ° 0 ' " or DMS or DD

(•) Street address of well ( ) Nearest address

6442 SCISM ROAD SILVERTON OR 97381

## (10) STATIC WATER LEVEL

| | Date | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|
| Existing Well / Predeepening | | | [ ] | |
| Completed Well | 01-15-2008 | | [ ] | 33 |

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 20

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|---|---|
| 01-09-2008 | 20 | 20 | 5 | | [ ] | 13 |
| 01-09-2008 | 47 | 49 | 5 | | [ ] | 13 |
| 01-15-2008 | 102 | 158 | 500 | | [ ] | 33 |
| | | | | | [ ] | |
| | | | | | [ ] | |

## (11) WELL LOG

Ground Elevation

| Material | From | To |
|---|---|---|
| Top soil | 0 | 4 |
| Brown clay with gray silt seams | 4 | 26 |
| Blue gray clay | 26 | 32 |
| Blue clay and gravel | 32 | 35 |
| Blue gray clay with seams of sandy blue clay | 35 | 70 |
| Very large tight gravel | 70 | 78 |
| Semi-tight dark brown sand and gravel | 78 | 102 |
| Black sandy gravel | 102 | 116 |
| Small to large sand and gravel with red /brown clay | 116 | 135 |
| Medium to large sand and gravel tight | 135 | 152 |
| Brown sand and gravel | 152 | 158 |
| Blue green clayand gravel | 158 | 160 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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Date Started 01-08-2008 Completed 01-15-2008

**(unbonded) Water Well Constructor Certification**

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

License Number 1629 Date 01-17-2008

Password : (if filing electronically)

Signed

**(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.

License Number 1273 Date 01-17-2008

Password : (if filing electronically) ****

Signed Floyd Sipe

Contact Info (optional)

WATER RESOURCES DEPT
SALEM, OREGON

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.89

G-17156

**Stadeli Water Systems, Inc.** 503-873-9287

CCB #124606

P.O. Box 832 • Silverton, OR 97381

# WATER WELL TEST REPORT

Date Dec 20-07 Owner Name Tim utter

Owner Address 6832 Scism Rd Silverton Owner Ph # 930-3602

Address of well Same Fax #

Well type ☐ Irrigation ☒ Domestic ☐ Other

Well casing diameter 8" Height of casing above ground surface 4"

Well depth 2 Static water level 44'-6" Well vented yes

Sanitary well seal yes Water sample taken yes

Type of sample taken ☒ Purity ☒ Nitrate ☐ Water treatment ☐ Other

Existing system used for flow test yes Flow measuring device measured Container

Description of pump system 5HP 230v PHI submersible pump, 2½" GAV drop pipe

1- WX302 pressure Tank, 1- Con-Air pressure Tank mdl# 220E

Comments

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SALEM, OREGON

Well flow data collected by Mark Stadeli / Mark St

Date of flow test Dec 20-07

| TIME | GALLONS PER MIN. | DISCHARGE PRESSURE | STATIC WATER LEVEL | TOTAL GALLONS PUMPED |
|---|---|---|---|---|
| 8:30 | 35 | 0 | 44'-6" | 35 |
| 9:00 | 35 | 0 | 50'-0" | 1050 |
| 9:30 | 35 | 0 | 50'-1" | 2100 |
| 10:00 | 35 | 0 | 50'-1" | 3150 |
| 10:30 | 35 | 0 | 50'-1" | 4200 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

6-17656

STATE OF OREGON

COUNTY OF MARION

PERMIT TO APPROPRIATE THE PUBLIC WATERS

THIS PERMIT IS HEREBY ISSUED TO

GARY CAMERON
6442 SCISM ROAD NE
SILVERTON, OR 97381

The specific limits and conditions of the use are listed below.

APPLICATION FILE NUMBER: G-16370

SOURCE OF WATER: A WELL IN HOWELL PRAIRIE CREEK BASIN

PURPOSE OR USE: NURSERY USE ON 16.0 ACRES

MAXIMUM RATE: 0.67 CUBIC FOOT PER SECOND

PERIOD OF USE: YEAR ROUND



DATE OF PRIORITY: JANUARY 20, 2005

WELL LOCATION: NE ¼ SW ¼, SECTION 30, T6S, R1W, W.M.; 820 FEET SOUTH & 1280 FEET WEST FROM C¼ CORNER, SECTION 30

The amount of water used for nursery use is limited to a maximum of 5.0 acre feet per acre and a diversion of 0.15 cubic foot per second per acre. For irrigation of containerized nursery plants, the amount of water diverted is limited to one fortieth of one cubic foot per second and 5.0 acre feet per acre per year. For irrigation of in-ground nursery plants, the amount of water diverted is limited to one eightieth of one cubic foot per second and 2.5 acre feet per acre per year. The use of water for nursery use may be made at any time, during the period of allowed use specified above, that the use is beneficial. For irrigation of any other crop, the amount of water diverted is limited to one eightieth of one cubic foot per second and 2.5 acre feet per acre during the irrigation season of each year.

THE PLACE OF USE IS LOCATED AS FOLLOWS:

NE ¼ SW ¼ 12.6 ACRES
NW ¼ SW ¼ 0.1 ACRE
SE ¼ SW ¼ 3.3 ACRES
SECTION 30
TOWNSHIP 6 SOUTH, RANGE 1 WEST, W.M.

Measurement, recording and reporting conditions:

A. Before water use may begin under this permit, the permittee shall install a totalizing flow meter or other suitable measuring device as approved by the Director at each point of appropriation. The permittee shall maintain the meter or measuring device in good working order, shall keep a complete record of the amount of water used each month, and shall submit a report which includes the recorded water use measurements to the Department annually or more frequently as may be required by the Director. Further, the Director may require the permittee to report general water-use information, including the place and nature of use of water under the permit.



B. The permittee shall allow the watermaster access to the meter or measuring device; provided however, where the meter or measuring device is located within a private structure, the watermaster shall request access upon reasonable notice.

The well shall produce ground water only from the alluvial ground water reservoir.

**STANDARD CONDITIONS**

If the number, location, source, or construction of any well deviates from that proposed in the permit application or required by permit conditions, this permit may not be valid, unless the Department authorizes the change in writing.

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this permit, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

The well(s) shall be constructed in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the well at all times.

Where two or more water users agree among themselves as to the manner of rotation in the use of water and such agreement is placed in writing and filed by such water users with the watermaster, and such rotation system does not infringe upon such prior rights of

any water user not a party to such rotation plan, the watermaster shall distribute the water according to such agreement.

Prior to receiving a certificate of water right, the permit holder shall submit the results of a pump test meeting the department's standards, to the Water Resources Department. The Director may require water level or pump test results every ten years thereafter.

Failure to comply with any of the provisions of this permit may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the permit.

This permit is for the beneficial use of water without waste. The water user is advised that new regulations may require the use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

Completion of construction and complete application of the water to the use shall be made on or before October 1, 2011. If the water is not completely applied before this date, and the permittee wishes to continue development under the permit, the permittee must submit an application for extension of time, which may be approved based upon the merit of the application.

Within one year after complete application of water to the proposed use, the permittee shall submit a claim of beneficial use, which includes a map and report, prepared by a Certified Water Rights Examiner (CWRE).

Issued August 30, 2007

E. Timothy Wall for

Phillip C. Ward, Director
Water Resources Department

**Exhibit "A"**

Real property in the County of Marion, State of Oregon, described as follows:

BEGINNING AT THE EXTERIOR ANGLE CORNER ON THE EAST LINE OF THE SAMUEL SIMMONS DONATION LAND CLAIM NO. 40, IN TOWNSHIP 6 SOUTH, RANGE 1 WEST OF THE WILLAMETTE MERIDIAN, MARION COUNTY, OREGON; THENCE SOUTH 89° 51' WEST 1,201.20 FEET TO AN IRON PIPE; THENCE SOUTH 26° 45' WEST 488.80 FEET TO AN IRON PIPE; THENCE NORTH 89° 48' EAST 1,199.50 FEET TO AN IRON PIPE SET ON THE EAST LINE OF SAID SIMMONS DONATION LAND CLAIM; THENCE NORTH 26° 58' EAST 488.80 FEET TO THE PLACE OF BEGINNING.

Tax Parcel Number: R16914

647156

# WATERLAB CORP.

2603 - 12th Street, SE
Salem, OR 97302
Voice: (503) 363-0[illegible]73
FAX: (503) 363-89[illegible]0

## TEST REPORT

RECEIVED
DEC 30 2008
WATER RESOURCES DEPT
SALEM, OREGON

**Stadell Water Systems**
**PO Box 832**
**Silverton, OR 97381**

### SAMPLE INFORMATION

Location: 6832 Scism Rd Silverton outside tap

| | | | |
|---|---|---|---|
| Date Sampled: | 12/20/2007 | Sample Type: | Water |
| Time Sampled: | 1000 | Collected by: | Mark |

### CASE NARRATIVE

The analyses were performed according to the guidelines in the WATERLAB Corp Quality Assurance Program. This report contains analytical results for the sample(s) as received by the laboratory.

WATERLAB Corp certifies that this report is in compliance with the requirements of NELAC. No unusual difficulties were experienced during analysis of this batch except as noted below or qualified with data flags on the reports.

### TESTING INFORMATION

Lab #: 20071220-013

| | | | |
|---|---|---|---|
| Date Received: | 12/20/2007 | Date Reported: | 12/27/2007 |
| Received by: | NS | Reported By: | MH |
| Time Received: | 1120 | | |
| Date Started: | 12/20/2007 | Time Started: | 2141 |

### NITRATE RESULTS

| | | |
|---|---|---|
| Nitrate as Nitrogen: | ND@0.2 | mg/liter as N |
| Method Code: EPA 300.0 | | Tech: BEM |

Allowable maximum for public drinking water is 10 mg/l per OAR ch. 333. Included here for reference use only.

ND = None Detected at level indicated.

Approved by: _____

File Copy

ORELAP ID# OR100039

# WATERLAB CORP.

2603 - 12th Street, SE
Salem, OR 97302
Voice: (503) 363-0 73
FAX: (503) 363-89 0

## TEST REPORT

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WATER RESOURCES DEPT
SALEM, OREGON

**Stadell Water Systems**
**PO Box 832**
**Silverton, OR 97381**

### SAMPLE INFORMATION

Location: 6832 Sclsm Rd Silverton outside tap

| | | | |
|---|---|---|---|
| Date Sampled: | 12/20/2007 | Sample Type: | Water |
| Time Sampled: | 1000 | Collected by: | Mark |

### CASE NARRATIVE

The analyses were performed according to the guidelines in the WATERLAB Corp Quality Assurance Pro ram. This report contains analytical results for the sample(s) as received by the laboratory.

WATERLAB Corp certifies that this report is in compliance with the requirements of NELAC. No unusual difficulties were experienced during analysis of this batch except as noted below or qualified with data flag on the reports.

### TESTING INFORMATION

Lab #: 20071220-013

| | | | |
|---|---|---|---|
| Date Received: | 12/20/2007 | Date Reported: | 12/27/2007 |
| Received by: | NS | Reported By: | MH |
| Time Received: | 1120 | | |
| *Chlorine Residual: | N/A | Amount of Sample Used: | 100 mls |
| Date Started: | 12/20/2007 | Time Started: | 1640 |
| Tech: | BEM | Method Code: | SM 20th ED 9223 P/A Colisure ® |

### TOTAL COLIFORM BACTERIA RESULTS

| | |
|---|---|
| Analysis shows Total Coliform Bacteria to be: | **ABSENT** |
| Absent= Acceptable Present= Unacceptable | |

### E.COLI COLIFORM BACTERIA RESULTS

| | |
|---|---|
| Analysis shows E. coli Bacteria to be: | **ABSENT** |
| E. coli is a sub-section of Total Coliform and its presence in water indicates that raw sewage is present in the water. | |

Explanation: When coliform bacteria are present in water, it is considered contaminated and therefore unsafe. Coliform organisms are found normally in discharges from the intestinal tract of man, animals or birds. Their presence in the water, therefore, must be considered as evidence of pollution. The laboratory examination determines the presence or absence of contamination at the time of sampling only. No definit conclusions should be drawn from a single bacterial examination.

* Chlorine Footnote: Chlorine in water will kill coliform bacteria. Presence of chlorine in a water sample should invalidate the test unles the water

Approved by: _____

File Copy

ORELAP ID# OR100039

6-17456

Oregon

Theodore R. Kulongoski, Governor

**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.

G-17456

# 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: JEFFERSON & MARY DE FERRARI

Mailing Address: 6832 SCISM ROAD NE

City: SILVERTON State: OR Zip: 97381 Day Phone: 503-223-0002

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

### A. Land and Location

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

| Township | Range | Section | ¼ ¼ | Tax Lot # | Plan Designation (e.g. Rural Residential/RR-5) | Water to be: | Proposed Land Use: |
|---|---|---|---|---|---|---|---|
| 6S | 1W | 30 | | 500 | Prime Ag/EFU | ☐ Diverted ☐ Conveyed ☒ Used | |
| | | | | | | ☐ Diverted ☐ Conveyed ☐ Used | |
| | | | | | | ☐ Diverted ☐ Conveyed ☐ Used | |
| | | | | | | ☐ Diverted ☐ Conveyed ☐ Used | |

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

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WATER RESOURCES DEPT
SALEM, OREGON

### B. Description of Proposed Use

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

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

Source of water: ☐ Reservoir/Pond ☒ Ground Water ☐ Surface Water (name) _____

Estimated quantity of water needed: _____ ☐ 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

Briefly describe: _____

**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

G47156
PLANNING DEPT

## 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): 136.020.

☐ 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: | |
|---|---|---|---|
| | | ☐ Obtained<br>☐ Denied | ☐ Being pursued<br>☐ Not being pursued |
| | | ☐ Obtained<br>☐ Denied | ☐ Being pursued<br>☐ Not being pursued |
| | | ☐ Obtained<br>☐ Denied | ☐ Being pursued<br>☐ Not being pursued |
| | | ☐ Obtained<br>☐ Denied | ☐ Being pursued<br>☐ Not being pursued |
| | | ☐ Obtained<br>☐ Denied | ☐ Being pursued<br>☐ Not being pursued |

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

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Name: David Ebling Title: Senior Planner
Signature: [signature] Phone: 503-588-5038 Date: 10/6/08
Government Entity: Marion 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.*

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**Receipt for Request for Land Use Information**

Applicant name: _____

City or County: _____ Staff contact: _____

Signature: _____ Phone: _____ Date: _____

G-17156

# 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: 12 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 STOCK | ☒ 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:

48 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:_____

G-17156

MR/MS.

WE WERE UNABLE TO FIND ANY RECORDS FOR THE EXISTING WELL. WE ARE SUBMITTING A WELL WATER TEST REPORT ~~WHE~~ WITH FLOW RATE AND STATIC WATER LEVEL. WE HAVE SEVERAL PARCELS AROUND US WITH GOOD PRODUCING WELLS WITH THE NEWEST WELL TO THE SOUTH OF US FOR GARY CAMERON PRODUCING 500 GPM. WE HAVE A 12 ACRE PARCEL AND WOULD LIKE TO GROW NURSERY STOCK. IN THIS APPLICATION WE ARE APPLYING FOR ~~ENOUGH~~ ENOUGH WATER FOR IRRIGATION OF GROWING THIS NURSERY STOCK. THE EXISTING WELL CANNOT PROVIDE US WITH ENOUGH WATER WE HAVE BEEN TOLD. WE ARE HEREBY APPLYING TO PUT IN A NEW WELL IF THE CAPACITY OF THIS WELL CANNOT SUPPLY ~~ENOUGH~~ ENOUGH WATER BY ADDING A BIGGER PUMP. WE ARE ALSO SUPPLYING SOME NEARBY WATER SUPPLY WELL REPORTS ON RECORD WITH THE STATE.

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