



Oregon Water Resources Department 725  
 Summer Street NE, Suite A  
 Salem Oregon 97301-1271  
 (503) 986-0900  
 www.wrd.state.or.us

# Application for a Permit to Use Ground Water

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

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## 1. APPLICANT INFORMATION

JUN 18 2009

### A. Individuals

WATER RESOURCES DEPT  
SALEM, OREGON

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

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

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

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

\*Fax: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

### B. Organizations

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

Name of Organization: Portland VA Medical Center

Name and Title of Person Applying: Scott Fisher, Chief, Projects and Operations

Mailing Address or Organization: P.O. Box 1034

Portland OR 97207  
City State Zip

Phone: (503) 721-7832  
Day Evening

\*Fax: (503) 721-7822 \*Email Address: Scott.Fisher@va.gov

\*Optional

For Department Use		
App. No. <u>G-17236</u>	Permit No. _____	Date _____

2. PROPERTY OWNERSHIP

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.

Not Applicable (NA)

3. GROUND WATER DEVELOPMENT

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WATER RESOURCES DEPT SALEM, OREGON

A. Well Information

Number of well(s): One (1)

Name of nearest surface water body: 1) Unnamed creek; 2) Willamette River

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

- 1) 1,290 ft. SW 2) 3,950 ft. to ESE 3) 4)

If distance from surface water is less than one mile, indicate elevation difference between nearest surface water and well head:

- 1) 97 ft. below well 2) 495 ft. below well 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:

Not yet determined. To be contracted with an Oregon licensed driller. See attached for proposed well depth and other design information.

Mailing Address: NA

City

State

Zip

Completion Date: N/A

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	14"	10" steel	122 ft.	none	120 ft.	180 ft.	220 ft.	port	600' est.
1	10"	8" liner	600 ft.	not know +	---	---	---	---	---

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:

NA

**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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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	Basalt (CRB)	Irrigation (Landscape)	13.27	2,674,694	Unknown
1	Basalt (CRB)	Supplemental Commercial <input checked="" type="checkbox"/>	170	89,352,000	Unknown
1	Basalt (CRB)	Semi-Annual Testing	170	750,000	Unknown

**C. Maximum Rate of Use Requested**

What is the maximum, instantaneous rate of water that will be used? 170 GPM  
(The fees for your application will be based on this amount.)

**D. Period of Use**

Irrigation: 05/1-09/31; Supplemental Commercial: As

Indicate the time of year you propose to use the water: needed; Annual Test: Varies

(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, indicate the total 1.97 Acres

(This number should be consistent with your application map.)

**5. WATER MANAGEMENT****A. Diversion**

What method will you use to divert water from the source?

Pump (give horsepower and pump type): to be determined when well installed

other means (describe): Groundwater well source will tie into existing delivery system

**B. Transport**

How will you transport water to your place of use?

Ditch or canal (give average width and depth):

Width NA Depth NA

Is the ditch or canal to be lined?  Yes  No

Pipe (give diameter and total length):

Diameter to be determined Length NA

other, describe: \_\_\_\_\_

**C. Application/Distribution Method**

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

Groundwater well source will tie into existing irrigation system

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

**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.

Original irrigation system was installed in 1988. We have project planned to upgrade the system to include drip irrigation.

**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: 11/09

Proposed date construction will be completed: 1/10

Proposed date beneficial water use will begin: 4/10

**7. REMARKS**

*If you would like to clarify any information you have provided in the application, please do so here and reference the specific application question you are addressing.*

Please see the letter included with the Permit Application for additional information regarding: Section 3. Ground Water Development and Section 4. Water Use. Proposed water use includes semi-annual testing.

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## 8. MAP REQUIREMENTS

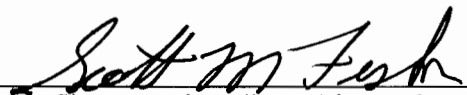
The Department cannot process your application without accurate information showing the source of water and location of water use. You must include a map with this application form that clearly indicates the township, range, section, and quarter/quarter section of the proposed well location and place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

## 9. SIGNATURE

By my signature below I confirm that I understand:

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

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.)



Date

Before you submit your application be sure you have:

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

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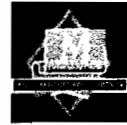
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WATER RESOURCES DEPT  
SALEM, OREGON

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



DEPARTMENT OF VETERANS AFFAIRS  
 Medical Center  
 3710 Southwest US Veterans Hospital Road  
 Portland OR 97239-2964



June 8, 2009

Oregon Water Resources Department 725  
 Summer Street NE, Suite A  
 Salem Oregon 97301-1271

Re: Application for a Permit to Use Ground Water  
 Portland VA Medical Center  
 Portland, Oregon

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WATER RESOURCES DEPT  
 SALEM, OREGON

Dear Sir or Madam:

This letter contains supplemental information for the enclosed Application for a Permit to Use Ground Water for the Portland VA Medical Center facility. Water is currently supplied by the City of Portland Water Bureau. The Portland VA desires to have a back-up water supply for the facility in the event of interruption of service from the City of Portland supply. Other uses are noted below.

A pre-application conference was held at your office on November 19, 2008 to discuss the proposal. Participants included Jenna Eastman and Donn Miller from Water Resources; Scott Fisher (undersigned) from the Veterans Affairs, Portland office; and John Jenkins, consultant to the VA from PBS Engineering and Environmental. In accordance with the pre-application meeting discussions we are proposing the following uses:

1. **Supplemental Commercial:** The VA will exercise this use should the City of Portland service be interrupted. The Portland VA will be fully ready and able to exercise this use.
2. **Irrigation (Landscape):** To be used for landscape irrigation purposes in place of the Portland Water Bureau source.
3. **Semi- Annual Testing:** The purpose of this use is to complete testing of the groundwater supply system twice per year to ensure functionality in the event it is necessary.

The first two uses are addressed on the attached forms from the Oregon Water Resources Department. We understand there is no form for the Semi-Annual Testing use. In accordance with a request from Jenna Eastman, we have provided the following detail on this proposed use:

**Semi-Annual Testing:**

The VA will complete testing on a semi-annual basis to verify that water well system is functioning to supply water to the facilities. Engineering analysis is currently being completed to integrate the well supply into the existing delivery system. The VA will test the system by switching to the groundwater supply over a test period of up to 3 days twice per year.

**Supplement to Section 3. Ground Water Development:**

As indicated on the Permit Application the water well has not been installed yet. A licensed water well driller will be selected by the Veterans Administration (VA) for drilling and installation of the proposed well. The well will be designed to meet the standards set by the WRD for the construction and maintenance of wells. The VA will also consult with the Oregon Department of Human Services, Health Division, regarding any special design standards that may be necessary.

According to published geologic mapping<sup>1</sup> and review of water well reports in the site vicinity, the source of groundwater is from a series of basalt lava flows in the Columbia River Basalt Group. The closest water supply (University of Oregon Dental School well; see Water Well Report attached) is located approximately 1,100 feet north from the location of the proposed VA well. Based on geologic information, the proposed well is situated (approximately) along the strike of basalt flow layers from the Dental School well; thus, we anticipate the same basalt flows and water-bearing zones will be present at comparable elevations. As indicated on the well record, the Dental School well included five perforated intervals between the depths of 277 and 526 feet with a cumulative length of 95 feet of perforated casing between those depths. The static water level in that well was 176 feet as measured in 2000.

The basic proposed design elements are shown on the Permit Application. As indicated the proposed seal depth is 120 feet below ground surface (bgs). We anticipate open-hole drilling in the basalt sequence below the depth of the seal. An 8" liner with perforated intervals or telescoping blank and screen will be used for the water bearing intervals encountered during drilling.

Please note that the Land Use Information Form is not required as the proposed water source and use is entirely on Federal land.

We have enclosed a check for \$1,400 to the WRD for the permit application fee as estimated from the OWRD Fee Calculator page of your website.

Please contact the undersigned if you have any questions or require additional information.

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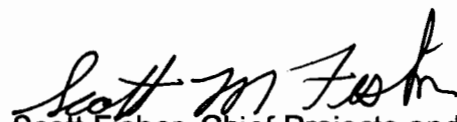
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SALEM, OREGON

<sup>1</sup> Beeson, M. H., Tolan, T. L., & Madin, I. P. (1989). [Map.] Geologic map of the Lake Oswego Quadrangle, Clackamas, Multnomah, and Washington Counties, Oregon. Oregon Department of Geology and Mineral Industries GMS-59.



information.

Very truly yours,



Scott Fisher, Chief Projects and Operations  
Portland VA Medical Center

Attachments:

Application for a Permit to Use Groundwater  
Form Q  
Form I  
Map  
Water Well Report (Dental School well)  
Check (Permit Application Fee)

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**WATER RESOURCES DEPT  
SALEM, OREGON**

MULT 2775

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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.

WATER WELL REPORT

STATE ENGINEER, SALEM, OREGON 97310 (Please type or print) STATE PERMIT NO.

Well No. 111-9 J State Permit No.

(1) OWNER: Name UNIVERSITY OF ORE DENTAL SCHOOL Address SAM JACKSON PARK PORTLAND ORE.

(2) LOCATION OF WELL: County MULT, Driller's well number 4248 NE 1/4 SE 1/4 Section 9 T. 15 R. 1E W.M. Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check): New Well X Deepening Reconditioning Abandonment

(4) PROPOSED USE (check): Domestic Industrial Municipal Irrigation Test Well Other (5) TYPE OF WELL: Rotary Cable Dug Driven Jetted Bored

(6) CASING INSTALLED: Threaded Welded 17" Diam. from 0 ft. to 27 ft. Gage 330 10" Diam. from 0 ft. to 560 ft. Gage 279

(7) PERFORATIONS: Perforated? Yes No Type of perforator used STAR Size of perforations 3/8 in. by 1 1/4 in. 160 perforations from 277 ft. to 285 ft. 400 perforations from 352 ft. to 378 ft. 180 perforations from 439 ft. to 448 ft. 200 perforations from 465 ft. to 505 ft. 200 perforations from 515 ft. to 576 ft.

(8) SCREENS: Well screen installed? Yes No Manufacturer's Name Model No. Slot size Set from ft. to Diam. Slot size Set from ft. to

(9) CONSTRUCTION: Well seal—Material used in seal CEMENT AND SAND Depth of seal 10-87 ft. Was a packer used? No Diameter of well bore to bottom of seal 16 in. Were any loose strata cemented off? Yes No Depth Was a drive shoe used? Yes No Was well gravel packed? Yes No Size of gravel: Gravel placed from ft. to Did any strata contain unusable water? Yes No Type of water? depth of strata Method of sealing strata off

(10) WATER LEVELS: Static level 186 ft. below land surface Date 5/6/67 Artesian pressure lbs. per square inch Date

(11) WELL TESTS: Drawdown is amount water level is lowered below static level Was a pump test made? Yes No If yes, by whom? STRASSER Yield: 210 gal./min. with 274 ft. drawdown after 10 hrs. 180 " 79 " 1 " 140 " 49 " 1 "

(12) WELL LOG: Diameter of well below casing BACKFILL Depth drilled 990 ft. Depth of completed well 556 ft. Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

Table with columns MATERIAL, FROM, TO. Content: SEE ATTACHED SHEETS

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Work started AUG 22 1966 Completed MAY 10 1967 Date well drilling machine moved off of well MAY 11 1967

(13) PUMP: Manufacturer's Name Type: H.P.

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 R.J. STRASSER DRILLING CO (Person, firm or corporation) (Type or print) Address 8110 SE SUNSET LAKE PORTLAND Drilling Machine Operator's License No. 395 AND 54 [Signed] Robert J. Strasser (Water Well Contractor) Contractor's License No. 10 Date MAY 18, 1967

6-17236/11-4J  
Multnomah

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JUN 12 1967  
**R. J. Strasser Drilling Co.**  
SALEM OREGON  
8110 S. E. Sunset Lane  
Portland, Oregon 97206

Log of well drilled at University of Oregon  
Dental School

sand fill	0 - 14
gravel and clay	14 - 15
broken basalt	15 - 47
medium hard grey basalt	47 - 62
broken brown basalt	62 - 76
broken grey basalt	76 - 90
grey basalt	90 - 94
broken brown basalt	94 - 107
medium hard grey basalt	107 - 112
hard grey basalt	112 - 136
medium hard grey basalt	136 - 150
hard grey basalt	150 - 218
broken grey basalt (water)	218 - 225
medium hard grey basalt	225 - 227
hard grey basalt	227 - 252
grey cracked basalt	252 - 254
hard grey basalt	254 - 271
broken black basalt	271 - 272
hard grey basalt	272 - 275
grey cracked basalt	275 - 277
broken black basalt (water)	277 - 285
hard grey basalt	285 - 307
medium hard black basalt	307 - 343
hard grey basalt	343 - 352
broken grey basalt	352 - 385
hard grey basalt	385 - 387
grey cracked basalt	387 - 395
broken lava	395 - 408
grey cracked basalt	408 - 440
broken grey basalt	440 - 442
broken black basalt	442 - 449
grey cracked basalt	449 - 452
broken brown basalt	452 - 458
basalt and clay	458 - 465
broken basalt (water)	465 - 502
grey basalt	502 - 514
broken grey basalt	514 - 526
broken basalt and clay	526 - 549
blue green conglomerate	549 - 553
sticky brown clay	553 - 560

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SALEM, OREGON

soft brown basalt	560 - 564
medium hard black basalt	564 - 569
red and black basalt	569 - 574
medium soft grey basalt	578 - 602
dark brown and black basalt	602 - 639
clay and broken basalt	639 - 667
soft grey basalt	667 - 682
medium soft grey basalt	682 - 694
red clay	694 - 695
medium soft black basalt	695 - 704
black and brown basalt	704 - 747
medium dark grey basalt	747 - 778
hard grey basalt	778 - 786
light grey clay	786 - 787
medium hard grey basalt	787 - 795
grey and brown clay and basalt	795 - 808
green clay and basalt	808 - 810
black porous basalt	810 - 814
light blue clay	814 - 815
grey and brown basalt and clay	815 - 824
hard grey shale	824 - 835
blue green sticky shale	835 - 839
hard grey shale	839 - 852
soft grey basalt	852 - 861
medium hard grey basalt	861 - 863
dark grey basalt and clay	863 - 868
grey and brown shale	868 - 870
dark grey basalt and clay	870 - 910
hard grey basalt	910 - 912
medium soft grey basalt	912 - 918
medium hard grey basalt	918 - 922
brown clay and grey basalt	922 - 927
hard brown silt stone	927 - 940
sticky grey clay	940 - 943
medium soft grey basalt	943 - 952
medium grey clay	952 - 981
blue and brown shale	981 - 990

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WATER RESOURCES DEPT  
SALEM, OREGON

MULT  
60413

MAR 29 2000

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765)  
WATER RESOURCES DEPT.  
Instructions for completing this report are on SALES REPORT FORM.

WELL I.D. # L. 36176  
START CARD # 128538

(1) OWNER: Well Number \_\_\_\_\_  
Name OHSU  
Address 3181 SW SAM JACKSON PARK RD  
City PORTLAND State OR Zip 97201

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

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

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

(5) BOREHOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 556 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
ORIGINAL			WELLS			NOT ALTERED

How was seal placed: Method  A  B  C  D  E  
 Other ORIGINAL  
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: 12	0	87	.330	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ORIGINAL				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 10	0	560	.279	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ORIGINAL				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:  
 Perforations Method MILLS KNIFE  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
213	230	1/8x3	160	10"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
272	290	1/8x3	168	10"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
347	383	1/8x3	344	10"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
433	452	1/8x3	176	10"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
462	531	1/8x3	394	10"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian Time
45	215		1 hr.

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 MULT. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 1S N or S Range 1E E or W. WM.  
Section 9 NE 1/4 SE 1/4  
Tax Lot EXEMPT Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_  
SAME

(10) STATIC WATER LEVEL:  
170 ft. below land surface. Date 3-15-00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found NOT KNOWN

From	To	Estimated Flow Rate	SWL
ORIGINAL			

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

Material	From	To	SWL
THIS WELL WAS RE-PERFORATED & REDEVELOPED TO TRY TO ENHANCE THE YIELD. THE YIELD INCREASED ONLY SLIGHTLY.			
Westerberg Drilling, Inc.			
36728 S. Kropf Rd.			
Medalla, OR 97038			
RECEIVED			
JUN 18 2000			
WATER RESOURCES DEPT			
SALEM, OREGON			

Date started 2-1-00 Completed 3-15-00

(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.  
Signed *[Signature]* WWC Number 1358 Date 3-27-00

(bonded) Water Well Constructor Certification:  
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.  
Signed *[Signature]* WWC Number 688 Date 3-27-00



# 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:             1.97             Acres

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

List the permit or certificate number of the primary water right:

No. NA

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

- |                  |                                      |  |
|------------------|--------------------------------------|--|
| 1. <u>Turf</u>   | <input type="checkbox"/> Full season | <input checked="" type="checkbox"/> Partial season (from: <u>05/01</u> to <u>09/30</u> ) |
| 2. <u>Shrubs</u> | <input type="checkbox"/> Full season | <input checked="" type="checkbox"/> Partial season (from: <u>05/01</u> to <u>09/30</u> ) |
| 3. <u>Tree</u>   | <input type="checkbox"/> Full season | <input checked="" type="checkbox"/> Partial season (from: <u>05/01</u> to <u>09/30</u> ) |
| 4. _____         | <input type="checkbox"/> Full season | <input type="checkbox"/> Partial season (from: _____ to _____)                           |

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

8.208                             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 type="checkbox"/> Daily during daytime hours               | <input checked="" 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



Oregon Water Resources Department

FORM Q
FOR COMMERCIAL AND INDUSTRIAL WATER USES

1. Describe the goods and services you plan to provide:

This application is for Supplemental Commercial Use. It will provide the water supply for the hospital facilities in the event that the existing source from the City of Portland is interrupted.

2. How will the water be used?

As the water supply for the hospital facilities.

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3. What is the maximum amount of water that will be used on any given day:

170 cfs [checked] gpm

4. Are there periods of the day, week, month, or year that the water will not be used? (e.g. no use December-March)

[checked] Yes If so, when? Will only be used if the existing source is interrupted.

5. Is there a particular time or period of day, week, month, or year when the use of water is absolutely essential for the project to continue? (e.g. vegetable processing, Oct. 15-Nov. 15)

[checked] Yes If so, when? In the event that the existing source is interrupted.

6. Are there periods of the day week, month, or year where the amount of water used will be less than at peak times?

[checked] No [ ] Yes If so, when?