



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

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A. Individuals

AUG 05 2009

Applicant: Trudy Lowery
First Last

WATER RESOURCES DEPT
SALEM, OREGON

Mailing Address: PO Box 734
Baker City OR 97814
City State Zip

Phone: 541-523-6896 541-523-8203
Home Work Other

*Fax: _____ *Email Address: _____

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 or Organization: _____

City State Zip

Phone : _____
Day Evening

*Fax: _____ *Email Address: _____

*Optional

For Department Use			
App. No. <u>G-17251</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.

3. GROUND WATER DEVELOPMENT

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A. Well Information

WATER RESOURCES DEPT
SALEM, OREGON

Number of well(s): 1

Name of nearest surface water body: Powder River

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

- 1) 1 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:

Mailing Address: _____

City State Zip

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	6"	Steel 0.25"	220	N/A	0-19'	45'	205'		220'

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

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

C. Artesian Flows

If your water well is flowing artesian, describe your water control and conservation works:

N/A

4. WATER USE

Please read the instruction booklet for more details on "type of use" definitions, how to express how much water you need and how to identify the water source you propose to use. You must fill out a supplemental form for some uses as they require specific information for that type of use.

A. Type(s) of Use(s)

See list of beneficial uses provided in the instructions.

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

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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	Alluvial	Irrigation	65gpm	28 ac-ft	40+

C. Maximum Rate of Use Requested

What is the maximum, instantaneous rate of water that will be used? 65 gpm
 (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: Mar. 1 - Oct. 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, indicate the total number of acres where water will be applied or used: 8.65
 (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): 5 horse, submersible
- 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: hoses & pipe

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 SALEM, OREGON

C. Application/Distribution Method

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

Hoses + yard sprinklers
Pipe + Sprinklers

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: _____

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SALEM, OREGON

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.

Frequent movement - approx 12 hour sets

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: Already Constructed

Proposed date construction will be completed: Already Constructed

Proposed date beneficial water use will begin: As soon as poss. ble

Is this project fully or partially funded by the American Recovery and Reinvestment Act? (Federal stimulus dollars) Yes NO

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.

After discussion with water Master-staff I am requesting a rate of 1/60th cts to accomodate the current delivery system

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.)

7/15/09
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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SALEM, OREGON

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



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: 8.65 Acres

Secondary: _____ Acres

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

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SALEM, OREGON

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

- | | | |
|-------------------------|--------------------------------------|---|
| 1. <u>Pasture</u> _____ | <input type="checkbox"/> Full season | <input checked="" type="checkbox"/> Partial season (from: <u>May</u> to <u>Sept</u>) |
| 2. _____ | <input type="checkbox"/> Full season | <input type="checkbox"/> Partial season (from: _____ to _____) |
| 3. _____ | <input type="checkbox"/> Full season | <input type="checkbox"/> Partial season (from: _____ to _____) |
| 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:

28 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 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: _____ | |

Bake 50139
L07598

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

WATER RESOURCES DEPT. (START CARD) # 91709

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

(1) OWNER: Well Number
Name R.S. Buster Lowery
Address PO Box 734
City Baker City State OR Zip _____

(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) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 270 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	17	Bentonite	17	19	12
7 1/2	17	220				

How was seal placed: Method A B C D E
 Other Poured Dry
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: <u>6</u>	<u>+</u>	<u>220</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 220

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing
Yield gal/min 40+ Drawdown _____ Drill stem at _____ Time 1 hr.
Temperature of water 54 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 Baker Latitude _____ Longitude _____
Township 9S N or S Range 40E E or W. WM.
Section 19 NE 1/4 NE 1/4
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) nearby Grace Rd from 3995 Grace Street Baker City OR

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date 11-5-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 115

From	To	Estimated Flow Rate	SWL
<u>115</u>	<u>115</u>	<u>3</u>	<u>40</u>
<u>205</u>	<u>220</u>	<u>40+</u>	<u>45</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>soil</u>	<u>0</u>	<u>3</u>	
<u>clay</u>	<u>3</u>	<u>115</u>	
<u>gravel + clay</u>	<u>115</u>	<u>116</u>	<u>40</u>
<u>clay + gravel</u>	<u>116</u>	<u>205</u>	<u>45</u>
<u>gravel + basal clay</u>	<u>205</u>	<u>220</u>	<u>45</u>

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WATER RESOURCES DEPT
SALEM, OREGON

Date started 11-4-96 Completed 11-5-96
(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 Carl Fitcher WWC Number 494 Date 11-5-96

(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 Carl Fitcher WWC Number 494 Date 11-5-96

647251

Bake 50139
L07598

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NOV 21 1996

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

WATER RESOURCES DEPT. (START CARD) # 91709

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

SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County Baker Latitude _____ Longitude _____
Township 9S N or S Range 40E E or W. WM. _____
Section 19 NE 1/4 NE 1/4 _____
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) across Grace Rd from 3995 Grace Street Baker City Or

(10) STATIC WATER LEVEL:

45 ft. below land surface. Date 11-5-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 115

From	To	Estimated Flow Rate	SWL
<u>115</u>	<u>115</u>	<u>5</u>	<u>40</u>
<u>205</u>	<u>220</u>	<u>40+</u>	<u>45</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>Soil</u>	<u>0</u>	<u>3</u>	
<u>Clay</u>	<u>3</u>	<u>115</u>	
<u>gravel + clay</u>	<u>115</u>	<u>116</u>	<u>40</u>
<u>clay + gravel</u>	<u>116</u>	<u>205</u>	<u>45</u>
<u>gravel + sand w/ clay</u>	<u>205</u>	<u>220</u>	<u>45</u>

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SALEM, OREGON

Date started 11-4-96 Completed 11-5-96

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Signed Carl Fitcher WWC Number 494 Date 11-5-96

(1) OWNER: Well Number _____
Name R.S. Duster Lowery
Address PO Box 734
City Baker City State OR Zip _____

(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) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 220 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>10</u>	<u>0</u>	<u>17</u>	<u>Ben-tonite</u>	<u>17</u>	<u>19</u>	<u>12</u>
<u>7 1/2</u>	<u>17</u>	<u>220</u>				

How was seal placed: Method A B C D E
 Other Poured Dry
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
<u>6</u>	<u>+1</u>	<u>220</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) 220

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Artesian
Yield gal/min 40+ Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 54 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: _____



Oregon Water Resources Department Land Use Information Form

This information is needed to determine compatibility with local comprehensive plans as required by ORS 197.180. WRD will use this and other information to evaluate the water use application. 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, or exchange 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.

To Be Completed By Applicant

This section must be completed by the individual or group that is filing an application with the Water Resources Department. Attach a copy of the map from the application to this form.

A. Applicant

Name: Richard S Lowery AKA RS Busterhowery + Trudy L Lowery
Address: PO Box 734 / 19105 Grace St
City: Baker City State: OR Zip: 97814 Day Phone: 541-523-8203

B. Land and Location

Please provide information as requested below for all tax lots on or through which water will be diverted, conveyed, or used. Check "diverted" if water is diverted (taken) from its source on tax lot, "conveyed" if water is conveyed (transported) on tax lot, and "used" if water will be put to beneficial use on tax lot. More than one box may be checked. (Attach extra sheets as necessary.) 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.

94019AB
600

Tax Lot I.D.	Plan Designation (e.g. Rural Residential/RR-5)	Water to be: (check all that apply)			Proposed Land Use
9149	RR 5	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Pasture
		<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	

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

C. Description of Proposed Use

Indicate the type of application to be filed with the Water Resources Department.

- Water Use Permit Water Right Transfer Allocation of Conserved Water Exchange

Indicate the intended use of water and describe the key characteristics of the project.

- Commercial Industrial Instream Irrigation
 Municipal Quasi-municipal Domestic (indicate number of households) _____
 Other _____

Briefly describe: Household use + Pasture Irrigation for 8.65 Acres

Indicate the source of the water to be used.

- Reservoir/Pond Ground Water Surface Water _____

Indicate the estimated quantity of water the use will require: 28 CFS GPM Acre-Feet ^(source)

Last revised: 04/06/04

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Receipt for Request for Land Use Information

State of Oregon
Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301-1271
(503) 986-0900

WATER RESOURCES DEPT
SALEM, OREGON



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94019AB
600

Tax Lot I.D.	Plan Designation (e.g. Rural Residential/RR-5)	Water to be: (check all that apply)	Proposed Land Use
9149	RR 5	<input checked="" type="checkbox"/> Diverted <input checked="" type="checkbox"/> Conveyed <input checked="" type="checkbox"/> Used	Pasture
		<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	
		<input type="checkbox"/> Diverted <input type="checkbox"/> Conveyed <input type="checkbox"/> Used	

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

C. Description of Proposed Use

Indicate the type of application to be filed with the Water Resources Department.

Water Use Permit Water Right Transfer Allocation of Conserved Water Exchange

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Commercial Industrial Instream Irrigation
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Last revised: 04/06/04

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Receipt for Request for Land Use Information

State of Oregon
Water Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301-1271
(503) 986-0900

WATER RESOURCES DEPT
SALEM, OREGON

B07 45 0239

File No.: 00017462

EXHIBIT "A"

All of Block 1 and All of Block 4, LACHNER'S ADDITION TO BAKER CITY, in the County of Baker and State of Oregon;
 ALSO all that portion of the alleys lying within Blocks 1 and 4, and all that portion of Emily Street lying between said Blocks 1 and 4, vacated by Order No. 92-198, recorded August 6, 1992 in Deeds 92 31 106 and re-recorded September 30, 1992 in Deeds 92 39 105;
 ALSO the South 30 feet of Estes Street lying North of Blocks 1 and 4, and the East 30 feet of Josephine Street lying West of Block 4, vacated by Order No. 93-198, recorded August 6, 1992 in Deeds 92 31 106 and re-recorded September 30, 1992 in Deeds 92 39 105.

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WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON)
 COUNTY OF BAKER)
 I CERTIFY THAT THIS
 INSTRUMENT WAS RECEIVED
 AND RECORDED IN THE BOOK
 OF RECORDS OF SAID COUNTY
 TAMARA J. GREEN, BAKER CO. CLERK
 BY *Loren Bullen* DEPUTY
 DOC#: 07450238B
 11/06/2007 3:15 PM
 REFUND: .00 31.00

ETC CAG

G-7251

NS

B07 45 0238



Trudy L Lowery
PO Box 734
Baker City OR 97814

Grantor's Name and Address

RS & Trudy Lowery
PO Box 734
Baker City OR 97814

Grantee's Name and Address

Return to: Elkhorn Title Company
1725 Main Street
Baker City OR 97814

Until requested otherwise, send all tax statements to (Name, Address, Zip):
R.S. & Trudy Lowery
PO Box 734
Baker City OR 97814

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON, } ss.
County of _____ }

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock ____M., and recorded in book/reel/volume No. _____ on page _____ and/or as fee/file/instrument/microfilm/reception No. _____, Records of said County.

Witness my hand and seal of County affixed.

NAME _____ TITLE _____
By _____, Deputy.

DEED CREATING ESTATE BY THE ENTIRETY

KNOW ALL BY THESE PRESENTS that TRUDY L. LOWERY

_____, hereinafter called grantor, the spouse of the grantee hereinafter named, for the consideration hereinafter stated, does hereby grant, bargain, sell and convey unto RICHARD S. LOWERY, herein called the grantee, an undivided one-half of that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in Baker County, State of Oregon, described as follows, to-wit:

See Exhibit "A" attached hereto and incorporated herein by this reference

RECEIVED
AUG 05 2009
WATER RESOURCES DEPT
SALEM, OREGON

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

To Have and to Hold an undivided one-half of the above described real property unto the grantee forever.

The above named grantor retains a like undivided one-half of that same real property, and it is the intent and purpose of this instrument to create, and there hereby is created, an estate by the entirety between husband and wife as to this real property.

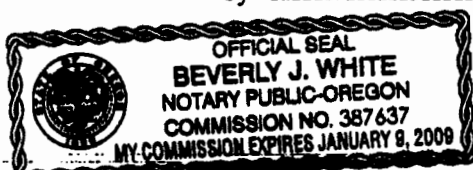
The true and actual consideration paid for this transfer, stated in terms of dollars, is \$_____. [Ⓞ] However, the actual consideration consists of or includes other property or value given or promised which is part of the the whole (indicate which) consideration. [Ⓞ] (The sentence between the symbols [Ⓞ], if not applicable, should be deleted. See ORS 93.030.)

IN WITNESS WHEREOF, the grantor has executed this instrument this 1st day of November, 2007, ~~19~~_____

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 AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Trudy L Lowery

STATE OF OREGON, County of Baker) ss.
This instrument was acknowledged before me on Nov 1 2007, ~~19~~_____,
by Trudy L Lowery



Beverly J. White
Notary Public for Oregon
My commission expires _____

ETC # 17462

532-940-19AB-600-9149

NS

B07 45 0238

CAI 517

Trudy L Lowery
 PO Box 734
 Baker City OR 97814
Grantor's Name and Address

BS & Trudy Lowery
 PO Box 734
 Baker City OR 97814
Grantee's Name and Address

After recording, Return to: **Elkhorn Title Company**
 1725 Main Street
 Baker City, OR 97814

Until requested otherwise, send all tax statements to (Name, Address, Zip):
 B.S. & Trudy Lowery
 PO Box 734
 Baker City OR 97814

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON, } ss.
County of _____

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____M., and recorded in book/reel/volume No. _____ on page _____ and/or as fee/file/instrument/microfilm/reception No. _____, Records of said County.

Witness my hand and seal of County affixed.

NAME _____ TITLE _____
By _____, Deputy.

DEED CREATING ESTATE BY THE ENTIRETY

KNOW ALL BY THESE PRESENTS that TRUDY L. LOWERY

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See Exhibit "A" attached hereto and incorporated herein by this reference

RECEIVED

AUG 05 2009

WATER RESOURCES DEPT
SALEM, OREGON

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE)

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The true and actual consideration paid for this transfer, stated in terms of dollars, is \$_____. However, the actual consideration consists of or includes other property or value given or promised which is part of the the whole (indicate which) consideration. (The sentence between the symbols @, if not applicable, should be deleted. See ORS 93.030.)

IN WITNESS WHEREOF, the grantor has executed this instrument this 1st day of November, 2007, ~~10x~~

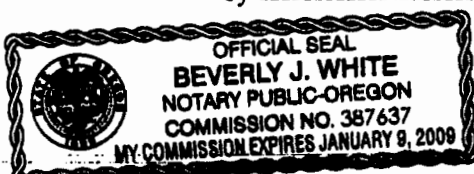
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Trudy L Lowery

STATE OF OREGON, County of Baker } ss.
This instrument was acknowledged before me on Nov 1 2007, ~~10x~~
by Trudy L. Lowery

Beverly J. White

Notary Public for Oregon
My commission expires _____



ETC # 17462

532-940-19AB-600-9149

B07 45 0239

File No.: 00017462

EXHIBIT "A"

All of Block 1 and All of Block 4, LACHNER'S ADDITION TO BAKER CITY, in the County of Baker and State of Oregon;
 ALSO all that portion of the alleys lying within Blocks 1 and 4, and all that portion of Emily Street lying between said Blocks 1 and 4, vacated by Order No. 92-198, recorded August 6, 1992 in Deeds 92 31 106 and re-recorded September 30, 1992 in Deeds 92 39 105;
 ALSO the South 30 feet of Estes Street lying North of Blocks 1 and 4, and the East 30 feet of Josephine Street lying West of Block 4, vacated by Order No. 93-198, recorded August 6, 1992 in Deeds 92 31 106 and re-recorded September 30, 1992 in Deeds 92 39 105.

RECEIVED
 AUG 05 2009
 WATER RESOURCES DEPT
 SALEM, OREGON

STATE OF OREGON)
 COUNTY OF BAKER)
 I CERTIFY THAT THIS
 INSTRUMENT WAS RECEIVED
 AND RECORDED IN THE BOOK
 OF RECORDS OF SAID COUNTY
 TAMARA J. GREEN, BAKER CO. CLERK
 BY *Loren Phillips* DEPUTY
 DOC#: 07450238B
 11/06/2007 3:15 PM
 REFUND: .00 31.00
 ETC C4G