



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: CONNIE HINES
First Last

Mailing Address: P.O. Box 1725
SISTERS OR 97759
City State Zip

Phone: 541-549-6255 904-631-1873 cell
Home Work Other

*Fax: 541-549-6255 *Email Address: CCLARKHINES@HOTMAIL.COM

B. Organizations

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

Name of Organization: N/A **RECEIVED**

Name and Title of Person Applying: _____ **AUG 21 2009**

Mailing Address or Organization: _____ **WATER RESOURCES DEPT**
_____ **SALEM, OREGON**
City State Zip

Phone : _____
Day Evening

*Fax: _____ *Email Address: _____

*Optional

For Department Use

App. No. G-17255 Permit No. _____ Date _____

2. PROPERTY OWNERSHIP

G-17255

☐ 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.

N/A

3. GROUND WATER DEVELOPMENT

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A. Well Information

Number of well(s): 1

Name of nearest surface water body: INDIAN FORD CREEK

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

1) 3350' 2) _____ 3) _____ 4) _____

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

1) 35' 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:

BIG THREE WELL DRILLING (LOG ATTACHED) DAVID J. KUHN

Mailing Address: 1990 NW 35TH

REDMOND
City

OR
State

97756
Zip

Completion Date: _____

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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"	8" STEEL	20'	20' 6"	19'	222'	222'	?	308

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

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

C. Artesian Flows

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

N/A

4. WATER USE

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

A. Type(s) of Use(s)

See list of beneficial uses provided in the instructions.

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

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B. Amount of Water

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	DESCHUTES AQUIFER	IRRIGATION	21.66 gpm	3,763,567.5	25 gpm

C. Maximum Rate of Use Requested

What is the maximum, instantaneous rate of water that will be used? 21.6 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: APRIL 1 to NOV 1

(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: 3.25

(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): 3 HP RED JACKET SUB

☐ 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 3" Length 200'

☐ other, describe: _____

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C. Application/Distribution Method

G-17255

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

Pipe with high pressure rain birds to field. Fed from pond.

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.

Pipe to field with pressurized sprinklers

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: 8-1-09

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Proposed date construction will be completed: 4-1-10

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Proposed date beneficial water use will begin: when permit issued

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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.

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:

Connie C. Hines

Signature of Applicant (If more than one applicant, all must sign.)

8/20/98

Date

Before you submit your application be sure you have:

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

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WRD on the web:

www.wrd.state.or.us



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: 3.85 Acres

Supplemental: _____ Acres

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

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

1. Grass Hay ☒ **Full Season** ☐ **Partial Season** (from: April 1 to Nov 1)

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:

11.55 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: _____

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SALEM, OREGON

DESCHUTES COUNTY OFFICIAL RECORDS
NANCY BLANKENSHIP, COUNTY CLERK

2005-32374



\$31.00

00366007200500323740010014

05/23/2005 04:00:41 PM

After recording return to:
WESTERN TITLE & ESCROW COMPANY
PO BOX 1963
SISTERS, OR 97759

D-D Cnt=1 Str=28 TIFFANY
\$5.00 \$11.00 \$10.00 \$5.00

2
Until a change is requested all tax statements
shall be sent to the following address:
THE CONNIE C. HINES REVOCABLE TRUST, DATED MARCH 22, 2005
104 TEAL NEST CT.
PONTE VERDE, FL 32082

WARRANTY DEED -- STATUTORY FORM

THOMAS A. LIPPERT and CAROL R. LIPPERT, husband and wife, Grantor, conveys and warrants to CONNIE C. HINES, TRUSTEE OF THE CONNIE C. HINES REVOCABLE TRUST, DATED MARCH 22, 2005, Grantee, the following described real property, free of encumbrances except as specifically set forth herein, to wit:

THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER (SE1/4 NW 1/4) OF SECTION 22, TOWNSHIP 14 SOUTH, RANGE 10 EAST OF THE WILLAMETTE MERIDIAN, DESCHUTES COUNTY, OREGON

Tax Account No(s): 155824
Map/Tax Lot No(s): 14-10-00-00-01803

This property is free from encumbrances, EXCEPT: All those items of record, if any, as of the date of this deed, including any real property taxes due, but not yet payable.

The true consideration for this conveyance is \$755,000.00.

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.

Dated this 25 day of May, 2005.

THOMAS A. LIPPERT

CAROL R. LIPPERT

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STATE OF OREGON, COUNTY OF DESCHUTES) SS.

This instrument was acknowledged before me on May 25, 2005 by THOMAS A. LIPPERT and CAROL R. LIPPERT.

11 01



Oregon Water Resources Department
Land Use Information Form

ATTACHMENT 4
PAGE 1 OF 2
977255

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: CONNIE C. HINES
First Last

Mailing Address: P.O. Box 1725

SISTERS OR 97759 Daytime Phone: 541-549-6255
City State Zip 904-631-1873

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:
14S	10E	22	SE ¼	1803		☒ 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:

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
☐ Allocation of Conserved Water ☐ Limited Water Use License
☐ Permit Amendment of Ground Water Registration Modification

☐ Exchange of Water

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

Estimated quantity of water needed: 21.6 ☐ 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 _____

Briefly describe:

Irrigate 3.85 acres with grass hay. Sprinkler irrigated out of pond served by existing well

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt below and include it with the application filed with the Water Resources Department.

Receipt for Request for Land Use Information

State of Oregon Water
Resources Department
725 Summer Street NE, Suite A
Salem, OR 97301-1266

For Local Government Use Only

ATTACHMENT 4

PAGE 2 OF 2

6-13255

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): _____.

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:	
	Forest Use F-2 per 18 40.020 (E)	☒ Obtained	☐ Being pursued
		☐ Denied	☐ Not being pursued
		☐ Obtained	☐ Being pursued
		☐ Denied	☐ Not being pursued
		☐ Obtained	☐ Being pursued
		☐ Denied	☐ Not being pursued
		☐ Obtained	☐ Being pursued
		☐ Denied	☐ Not being pursued
		☐ Obtained	☐ Being pursued
		☐ Denied	☐ 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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SALEM, OREGON

Name: Kristen Maze Title: Associate Planner
Signature: Kristen Maze Phone: 383-6701 Date: 8-19-09
Government Entity: Deschutes Co Planning

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

Receipt for Request for Land Use Information

Applicant name: Connie C. Hines

City or County: Deschutes Co. Staff contact: Kristen Maze
Signature: Kristen Maze Phone: 383 6701 Date: 8-19-09
PS09-42