



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: J. Kevin McCullough
First Last
Mailing Address: 96869 Herin Lane
Wasco OR 97065
City State Zip
Phone: 541-442-5517
Home Work Other
*Fax: _____ *Email Address: _____

B. Organizations

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

Name of Organization: See Remarks for Agent Information
Name and Title of Person Applying: _____
Mailing Address or Organization: _____
City State Zip
Phone : _____
Day Evening
*Fax: _____ *Email Address: _____
*Optional

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WATER RESOURCES DEPT
SALEM, OREGON

For Department Use

App. No. 6-17271

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.

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3. GROUND WATER DEVELOPMENT**A. Well Information**

Number of well(s): 1 (SHER 50257)

Name of nearest surface water body: Unn. Trib.

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

1) 791 ft 2) _____ 3) _____ 4) _____

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

1) 20 ft 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:

See SHER 50257

Mailing Address: _____

City State Zip

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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
	See	SHER 50257							

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:

none

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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SHER 50257

Amendment

Sher 50257

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 96327

START CARD # 1004242

(1) LAND OWNER

Owner Well I.D. 1

First Name Kevin Last Name McCullough

Company DH Blattner

Address 96869 Herin Lane

City Wasco State OR Zip 97065

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

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other(4) PROPOSED USE ☐ Domestic ☒ Irrigation ☐ Community
☒ Industrial/Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 674 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
36	0	11	Concrete	0	11	243	S
18	11	280	Bentonite Chips	11	15	20	S
13	280	674	Cement	15	280	300	S

How was seal placed: Method ☐ A ☐ B ☐ 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
☒	☐	20		0	11	.375	☒	☐	☒	☐
☐	☒	14	☒	2.5	280	.375	☒	☐	☒	☐
☐	☒	10	☒	2.83	674	.250	☒	☐	☒	☐

Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 675Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Star drive down

Screens Type _____ Material _____

Perf/S	Casing/Screen	green	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner				580	640	.25	1	960	
Perf	Liner				640	670	.25	1	720	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

400 _____ 670 _____ 4 _____

Temperature 55 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From _____ To _____ Description _____

(9) LOCATION OF WELL (legal description)

County SHERMAN Twp 2 N N/S Range 18 E E/W WM

Sec 19 NE 1/4 of the NW 1/4 Tax Lot 1400

Tax Map Number _____ Lot _____

Lat 45 ° 39 ' " or 45.65 DMS or DD

Long -120 ° 36 ' " or -120.6 DMS or DD

☒ Street address of well ☐ Nearest address

96869 Herin Lane, Wasco OR 97065

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	08-20-2008			500

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 210

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
07-29-2008	210	226	20			138.5
08-11-2008	500	580	120			500
08-12-2008	580	640	400			500

(11) WELL LOG

Ground Elevation 1,456

Material	From	To
Top soil	0	6
Broken brown & grey rock little clay mixed	6	60
Broken brown, grey, red rock w/ hard grey layers	60	145
Black basalt Hard	145	210
Broken brown, grey, red, white rock	210	226
Black basalt Hard	226	262
Black and brown broken rock Med	262	269
Black basalt Hard & Med layers /480-500 fractured	269	500
Black visicular rock broken with brown & white rock mixed	500	580
Broken visicular rock. Black, brown, white & blue-green shale mixed	580	640
Black basalt Hard	640	674

Date Started 07-28-2008

Completed 08-20-2008

(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 _____ Date _____

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 1293 Date 08-26-2008

Password : (if filing electronically) *****

Signed *Jim Hansen*

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.89

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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		Irrigation	700	122,193,750	700

C. Maximum Rate of Use Requested

What is the maximum, instantaneous rate of water that will be used? 700 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: March 1 to 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, indicate the total number of acres where water will be applied or used: 125.7

(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): up to 150 hp of submersible and centrifugal pumps

☐ 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 10" Length 2200

☐ other, describe: _____

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C. Application/Distribution Method

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

1320 ft center pivot.

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.

flow meter, center pivot

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: complete well drilled 2008

Proposed date construction will be completed: 10/1/2011

Proposed date beneficial water use will begin: 10/1/2011

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.

Agent Information

Tenneson Engineering Corp. Attention: Larry Toll
3313 W Second St., Suite 100
The Dalles, OR 97058
Telephone: 541-296-9177
Fax: 541-296-6657

Email: ltoll@tennesoneng.com

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8. MAP REQUIREMENTS

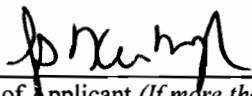
The Department cannot process your application without accurate information showing the source of water and location of water use. You must include a map with this application form that clearly indicates the township, range, section, and quarter/quarter section of the proposed well location and place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



9/8/09

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.

GW BASE	\$1000
1 st cts	250
2 nd cts	250
Permit	400
	<u>\$1900</u>

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

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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: Kevin McCullough
First Last
 Mailing Address: 96869 Herin Lane
Wasco OR 97065 Daytime Phone: 541-442-5517
City State Zip

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:
2N	18E	7	S1/2SW1/4	1400	F-1	☐ Diverted ☒ Conveyed ☒ Used	Irrigation
		18	NW1/4	1400		☐ Diverted ☒ Conveyed ☒ Used	Irrigation
			SW1/4NE1/4	1400		☒ 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 ☐ Exchange of Water
☐ Allocation of Conserved Water ☐ Limited Water Use License
☐ Permit Amendment of Ground Water Registration Modification

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

Estimated quantity of water needed: 700 ☐ 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:

To use an existing well to irrigate land under a center pivot irrigation system.

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

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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): Art. 3
- ☐ 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:	
<u>Permitted use</u>	<u>Sec. 3.1 2. (a)</u>	☒ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued
		☐ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued
		☐ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued
		☐ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued
		☐ Obtained ☐ Denied	☐ Being pursued ☐ Not being pursued
		☐ Obtained ☐ Denied	☐ Being pursued ☐ 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: Georgia L. Macnab Title: Planning Director

Signature: Georgia L. Macnab Phone: 541-565-3601 Date: 10-7-09

Government Entity: Sherman County

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

Receipt for Request for Land Use Information

Applicant Name: Kevin McCullough

City or County: Sherman Staff Contact: Georgia Macnab

Signature: Georgia L. Macnab Phone: 541-565-3601 Date: 10-7-09



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: 125.7 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. alfalfa ☒ **Full Season** ☐ **Partial Season** (from: _____ to _____)

2. wheat ☒ **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:

377.1 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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Legal Description for Tax lot 1400
in T 2 N, R 18 E, W 4

The South Half of Section Seven, the Southwest Quarter of Section Eight and the North Half of Section Eighteen, all in Township 2 North, Range Eighteen EWM.

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