



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/publication/reports/index.shtml.

1. APPLICANT INFORMATION

A. Individuals

Applicant: David & Charlie Bray
First Last

Mailing address: 15650 SW Majestic View Lane
Powell Butte OR 97753
City State Zip

Phone: 503-835-5694 503-624-0466 (213)
Home Work Other

*Fax: 503-624-0846 *E-Mail address: charlie@slaterinsurance.com

B. Organizations

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

Name of organization: _____

Name and title of person applying: _____

Mailing address of organization: _____

City State Zip

Phone: _____
Day Evening

*Fax: _____ *E-Mail address: _____

* Optional information

For Department Use		
App. No. <u>G 16315</u>	Permit No. _____	Date _____

Ground Water/1

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2. PROPERTY OWNERSHIP

Do you own all the land where you propose to divert, transport, and use water?

☒ Yes (Skip to section 3 "Ground water Development.")

☐ 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).

List the names and mailing addresses of all affected landowners.

3. GROUND WATER DEVELOPMENT

A. Well Information

Number of well(s): 1

Name of nearest surface water body: Deschutes River

Distance from well(s) to nearest stream or lake: 1) 10 miles

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 question F in this section 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 CROO 52028

Address: _____

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	See	CROO 52028							

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

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**

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	See CROO 52028				

C. Maximum Rate of Use Requested

What is the maximum, instantaneous rate of water that will be used? 45 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 - October 31
(For seasonal uses like irrigation give dates when water use would begin and end, e.g. March 1–October 31.)

E. Acreage

If you will be applying water to land, please give the total number of acres where water will be applied or used: 2
(This number should be consistent with your application map.)

5. WATER MANAGEMENT

A. Diversion

What equipment will you use to pump water from your well(s)?

- ☒ Pump (give horsepower and pump type): 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) Lawn sprinkler system

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C. Application/Distribution Method

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

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

- | | | |
|--|---|---|
| ☐ Flood | ☒ High-pressure sprinkler | ☐ Low pressure sprinkler |
| ☐ Drip | ☐ Water cannons | ☐ Center pivot system |
| ☐ Hand lines | ☐ Wheel lines | |
| ☐ Siphon tubes or gated pipe with furrows | | |
| ☐ Other, describe _____ | | |

Distribution method

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

D. Conservation

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

Watering to occur during low evaporation times of day.

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: 9/1/04

Proposed date construction will be completed: 3/31/05

Proposed date beneficial water use will begin: 4/1/05

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.

Deschutes Irrigation, LLC P.O. Box 1830, Bend, OR 97709 (541) 322-9528 or waterrights@usa.com is the
authorized agent to represent the applicant in all matters relating to this ground water application. Please direct
all correspondence to agent.

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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 to me, I may have to stop using water to allow senior water right holders to get water they are entitled to, and

I swear that all information provided in this application is true and correct to the best of my knowledge:

X David Bray 8-12-04
Signature of Applicant (If more than one applicant, all must sign.) Date

X Charles Bray 8-12-04

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.



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: 2 Acres

Secondary: _____ 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. Pasture ☒ Full season ☐ Partial season (from: _____ to _____)

2. _____ ☐ Full season ☐ Partial season (from: _____ to _____)

3. _____ ☐ Full season ☐ Partial season (from: _____ to _____)

4. _____ ☐ Full season ☐ Partial season (from: _____ to _____)

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

 6 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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Last revision: October 31, 1998

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WELL ADDRESS
2-12-03

PROCESSED
FCROO 52028

JAN 31 2003

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52028

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

WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # L 55156
START CARD # 155137

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

(1) LAND OWNER
Name CHARLIE BRAY Well Number _____
Address 9950 SW RIVERBEND RD
City McMINVILLE State OR Zip 97128

(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 615 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE SEAL
Diameter From To Material From To Sacks or pounds
12 0 18 1/2 RC 0 18 1/2 18 SACKS
8 18 1/2 580 _____
6 580 615 _____

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other FOURD IN 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: 8 11 1/2 18 1/2 250 ☒ ☐ ☒ ☐
Liner: 6 -5 580 188 ☒ ☐ ☒ ☐
Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 6" @ 580

(7) PERFORATIONS/SCREENS:
☐ Perforations Method NONE
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipes size Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Artesian
Yield gal/min Drawdown Drill stem at Time
25 0 610 1 hr.

Temperature of water 58° 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 CROOK Latitude _____ Longitude _____
Township 16 N or S Range 14 E or W. WM.
Section 30 NE 1/4 NW 1/4
Tax Lot 3401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 15778 MAJESTIC VIEW LN.

(10) STATIC WATER LEVEL:
520 ft. below land surface. Date 1-27-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 534

From	To	Estimated Flow Rate	SWL
<u>534</u>	<u>569</u>	<u>8</u>	<u>520</u>
<u>585</u>	<u>615</u>	<u>25</u>	<u>520</u>
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(12) WELL LOG:
Ground Elevation _____ WATER RESOURCES DEPT.
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Material	From	To	SWL
BLOW SAND	0	12	
HARD GREY LAVA	12	87	
MILD BROWN LAVA	87	105	
HARD GREY LAVA	105	128	
BROWN SANDSTONE	128	187	
HARD GREY LAVA	187	232	
MILD BROWN LAVA	232	247	
HARD GREY LAVA	247	282	
BROWN LAVA	282	292	
HARD GREY LAVA	292	334	
BROWN SANDSTONE	334	448	
HARD GREY LAVA	448	534	520
W.B. CAVING RED CLAY	534	569	
HARD GREY LAVA	569	585	
W.B. BROWN LAVA	585	615	

Date started 1-22-03 Completed 1-27-03

(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 _____ WWC Number 1276
Date 1-27-03

(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 Doug Allen WWC Number 1255
Date 1-27-03

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

app # G 16315

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After recording return to:
David and Charlia Bray
9950 SW River Bend Rd
McMinnville, OR 97128

Until a change is requested all tax statements
shall be sent to the following address:
David and Charlia Bray
9950 SW River Bend Rd
McMinnville, OR 97128

File No.: 7062-92 14 (JB)
Date: January 14, 2003

THIS SPACE RESERVED FOR RECORDER'S USE

STATUTORY WARRANTY DEED

Rosen & Son's Construction, Inc., an Oregon Corporation, Grantor, conveys and warrants to **David N. Bray and Charlia K. Bray, as husband and wife**, the following described real property free of liens and encumbrances, except as specifically set forth herein:

Parcel One (1) of Partition Plat No. 2003-03, Recorded January 9, 2003 in Partitions MF No. 176599, Records of Crook County, Oregon, being a partition of Parcel two (2) of Partition Plat 2000-41, Located in the NE 1/4 of Section 30, Township 16 South, Range 14 East of the Willamette Meridian, Crook County, Oregon.

This property is free from liens and encumbrances, EXCEPT: Covenants, Conditions, Restrictions and Easements of Record, if any

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 LWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

The true consideration for this conveyance is **\$The True Consideration for this conveyance is pursuant to an IRC Tax Deferred Exchange on behalf of the Grantee.** (Here comply with requirements of ORS 93.030)

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AMER. REC. 10/18

177221

(2)