Application for a Permit to Use

Ground Water



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.wrd.state.or.us

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information			
NAME NRI Inc			PHONE (HM)
PHONE (WK) 503-665-618	CELL 503 849 -	1888	FAX 503-668-1149
ADDRESS 19004 NES	an Rafael		
	STATE ZIP J F-MAIL	ENUR	4 Eires, com
Organization Information			
NAME PYXIS Labs	PHONE		FAX
ADDRESS 12423 NE Wh.	takerway		CELL
	STATE ZIP E-MAIL		
Agent Information – The agent is authorized	to represent the applicant in all	matters relating t	o this application.
AGENT / BUSINESS NAME Geonomic	Developments PHONE 503	.734.0123	FAX
ADDRESS 1940 Sylvan Way		~	CELL ,,
CITY West Linn	STATE ZIP E-MAIL .	1600 9001	nomic development
Note: Attach multiple copies as needed	. , , , , , , ,	130 J 33.	, or a few states of the state
By my signature below I confirm that I			Page March
 I am asking to use water specifical Evaluation of this application will	ly as described in this applic be based on information pro	cation. ovided in the ap	olication 16
 I cannot use water legally until the 	Water Resources Departme	ent issues a perm	iit.
 Oregon law requires that a permit the use is exempt. Acceptance of t 			*
 If I get a permit, I must not waste 	water.	•	
 If development of the water use is The water use must be compatible	•	•	e permit can be cancelled.
 Even if the Department issues a per 	rmit, I may have to stop usi	•	w senior water-right holders
to get water to which they are entir	iled.		
I (we) affirm that the information	contained in this application	on is true and a	ccurate. /
		// //	
Applicant Signature	Willin Coll	1 junes	1/28/1/
Approant Signature	Print Name and title if applicable	1 pries	
Applicant Signature	Print Name and title if applicable Print Name and title if applicable	<u>/ pnes</u> 	Date
<u> </u>		<u>1 μπυ</u> ς 	Date
<u>-</u>		<u>1 φνυ</u> ς 	Date

SECTION 2: PROPERTY OWNERSHIP

Please convey	indicate if you own all the lands associated ed, and used.	with the project from whic				
⊠ Yes	☑ There are no encumbrances.☐ This land is encumbered by easements,	MAR 16 ZU11 , rights of way, roads or other encumbrances.				
□ No	☐ I have a recorded easement or written a ☐ I do not currently have written authoriz ☐ Written authorization or an easement is own are state-owned submersible land use only (ORS 274.040). ☐ Water is to be diverted, conveyed, and enames and mailing addresses of all affected	ration or easement permitting not necessary, because the s, and this application is for used only on federal land	ng access. e only affected lands I do not r irrigation and/or domestic nds.			
SECTI	ON 3: WELL DEVELOPMENT					
		IF LESS T	HAN 1 MILE:			
WELL 1	NO. NAME OF NEAREST SURFACE WATER	DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD			
İ	Columbia Slough	≈ 300 ft.	≈ 10 €4.			
2	Columbia Slough Columbia Slough	≈ 300 ft.	~ (0 ft			
your ap	provide any information for your existing opplication. For existing wells, describe any plus well log or other materials (attach addition)	previous alteration(s) or rep				
Wa	ter treatment system a	nd re-injection	n well will be			
USE	to conserve agrifer	level and to	avoid activation			
of	any minerals in gr	ound water				

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known:	Troutdale	formation:	sand and	gravel	Vanport	drainage	avea
		/		7	/		
Total maximum rate requested:	55 gpm	(each well will be	evaluated at the maximi	um rate unless yo	u indicate well-spe	cific rates and annua	<u>.1</u>
volumes in the table below).					•		

Complete the table below. If this is an existing well, the following information may be found on the applicable well log. (If a well log is available, please submit it in addition to completing the table.) If this is a proposed well, or well-modification, consider consulting with a licensed well driller, geologist, or certified water right examiner.

(re-injection only									PROPOSED USE				
	OWNER'S WELL NAME OR NO.	PROPOSED	EXISTING	WELL ID (WELL TAG) NO.* OR WELL LOG ID**	FLOWING ARTESIAN	CASING DIAMETER	CASING INTERVALS (IN FEET)	PERFORATED OR SCREENED INTERVALS (IN FEET)	SEAL INTERVALS (IN FEET)	MOST RECENT STATIC WATER LEVEL & DATE (IN FEET)	SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL- SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
	1	Ø		L105347		ن [°] ف	120`	5	TBD	TBP	Troutdale Form.	120	55	= 12
4	2	Ø		L105348		6"	120'	5`	TBD	TBD	Troutdale Form. Troutdale Form.	120,	nla	Wa
									fræg gren .	stę, i – granini nie nie nie nie nie nie nie nie nie				
									LAAT	1 6 2911				
						_			Car C	10 2011				
									3.2					

^{*} Licensed drillers are required to attach a Department-supplied Well Tag, with a unique Well ID or Well Tag Number to all new or newly altered wells. Landowners can request a Well ID for existing wells that do not have one. The Well ID is intended to serve as a unique identification number for each well.

^{**} A well log ID (e.g. MARI 1234) is assigned by the Department to each log in the agency's well log database. A separate well log is required for each subsequent alteration of the well.

^{***} Source aquifer examples: Troutdale Formation, gravel and sand, alluvium, basalt, bedrock, etc.

SECTION 4: WATER USE

Revised 3/4/2010 G7-17454

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Ground-source heat	indefinitely	≈ /2
pump	8	
Exempt Uses: Please note that 1. day for a single industrial or con	5,000 gallons per day for single or grown mmercial purpose are exempt from pe	up domestic purposes and 5,000 gallons per
F or irrigation use only: Please indicate the number of pri	mary and supplemental acres to be irri	gated (must match map).
	Supplemental:Acr	- · · · · · · · · · · · · · · · · · · ·
		ight(s):
ndicate the maximum total num	ber of acre-feet you expect to use in an	irrigation season:
You have a		
• •	uasi-municipal, attach Form M	
	te the number of households:	
If the use is mining , describe	e what is being mined and the method(s) of extraction:
SECTION 5: WATER MANA	GEMENT	MAR 16 2011
A Diversion and Conveyence		
A. Diversion and Conveyance What equipment will you use	e to pump water from your well(s)?	
☐ Pump (give horsepower a	nd type): 3 HP Submers	ible w/ variable speed co
Other means (describe): _		
Provide a description of the p	proposed means of diversion, construct	tion, and operation of the diversion
from will via	3 HP submorsible our	mo le" diameter well - Pie
leads into build	ing. > 20 gallon water t	mp. 6" diameter well - pig reatment tank.
What equipment and method	of application will be used? (e.g., drip	o, wheel line, high-pressure sprinkler)
Motorized ball	ressor demands.	rol based on heating
system's come	ressor demands.	
C. Conservation		
C. Conservation Please describe why the amo	ount of water requested is needed and n	
C. Conservation Please describe why the amo waste; measure the amount o the discharge of contaminate	of water diverted; prevent damage to act water to a surface stream; prevent ad	quatic life and riparian habitat; prevent lverse impact to public uses of affected
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SECTION 6: STORAGE OF GROUND WATER IN A RESERVOIR

Reservoir name: A	Acreage inundated by reservoir:
Use(s):	
Volume of Reservoir (acre-feet): Dam heigh	ht (feet, if excavated, write "zero"):
Note: If the dam height is greater than or equal to 10.0' about engineered plans and specifications must be approved prior	
SECTION 7: USE OF STORED GROUND WATER	FROM THE RESERVOIR
If you would like to use stored ground water from the re reproduce this section for each reservoir).	servoir, complete this section (if more than one reserv
Annual volume (acre-feet):	
USE OF STORED GROUND WATER	PERIOD OF USE
SECTION 8: PROJECT SCHEDULE	
Date construction will begin: 03/30/2011	MAR 1 6 2011
Date construction will be completed: $04/07/20$	
Date beneficial water use will begin: $04/07/20$	
SECTION 9: REMARKS	
Use this space to clarify any information you have prov	ided in the application (attach additional sheets if nece
Water will be pre-treated	before re-injection.
	•

G-17454

	Receipt for Reque	st for Land Use Information
	Applicant name: Jean Hester	
	City or County: City of Portlal	Staff contact: Jean M. Heste
	Signature:	Phone: 503-123- Date: 32-17
		77 × 3 MAR 1 6 2011
* La	nd Use APP. for Water Rights.	and Limited License Per MAREGOThank