

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 INFORM	MATION	
A. Individuals		
Applicant: JIM C. Watts		
Mailing address: 249 So. H ST.	Last	
Lakeview, ORE	97630	
Phone: 1-541-947-2996	Zp	
TABLE THE STATE OF	Ober	
*Fax:*E-Mail addre	758.	
B. Organizations		
(Corporations, associations, firms, partnerships, joint stock companies, cod	operatives, public and municipal corporations)	
Name of organization: "Watts" Ranch		
Name and title of person applying: JIMC. Watts		
Mailing address of organization: 249 So. H ST	r. Lakeview, OBE. 97630	
Car	State Zo	
Phone: 1-541-947-2996		
*Fax: *E-Mail addre		
* Optional information		
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For Department Use App. No. Permit No.	WALEH HEOUHUE	E S DEPT ION
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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.

					ž
	WELL	IRRIGATION	800GPM	?	700 GPM
Vhat is the	m Rate of Use Requimaximum, instantantour application will be be	eous rate of water that wi	11 be used? <u>80</u> (O G PM	
. Period on dicate the For seasonal	time of year you pro	pose to use the water: lates when water use would be	egin and end, e.g. March)CT. -October 31.)	
umber of a		and, please give the total l be applied or used: you application map.)	800gpm	Approx	-max.80
		5. WATER MANA	GEMENT		
Diversio /hat equip		pump water from your w	ell(s)?		
Pu	mp (give horsepower	and pump type):	50hp. Abou	DE GROW	nd
Ot	her means (describe)	:	·		
3. Transpo Iow will yo	rt ou transport water to	your place of use?			
Di	tch or canal (give ave	erage width and depth):			
W	7idth	Depth			RECEIVE
Is	the ditch or canal to	be lined? Yes	No No		
Pip	e (give diameter and	total length):			JAN 23 20
D	iameter	Length			ER RESOURCES SALEM, OREGO
Ot	her (describe)				

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WATER RESOURCES DEPT SALEM, OREGON Please provide a description of your well development. (Attach additional sheets if needed.)

B di No									
1	12"	12"- , 250	20'	-?	19	95f7,	61fT.	50 hp. Aboue gaoui Pump	1200'
			gir.			7	STATIC	pling)

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:
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

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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