FILE CONY RETURN



## 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. APPI	LICANT INFORMATION	
A. Individuals		
Applicant: Mark	Ler	nmon
Mailing address: Po Box 816	Las	
Heppner		
Phone: 503 329 0569	541 676 0224	503 819 0644
*Fax: 541 676 0226		
B. Organizations		
(Corporations, associations, firms, partnerships, joir	nt stock companies, cooperatives, publ	ic and municipal corporations)
Name of organization:		
Name and title of person applying:		
Mailing address of organization:		
City	State	Zip
Phone:		
*Fax:	*E-Mail address:	
* Optional information		
	For Department Use	
App. No I	Permit No	Date
		RECEIVED

NOV 28 2006

## 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		Domestic -	- Jugpm	5,376,50		
-		- Trightion	1 wgpm	1- 13		
***************************************					<del></del>	
		<u> </u>			<del>* . /</del>	
				·		
What is the	m Rate of Use Requesto maximum, instantaneous our application will be based	rate of water that will l	ne used?	) gpm		
D. Period of Indicate the (For seasonal	f Use time of year you proposi uses like irrigation give dates	e to use the water: when water use would begi	Mouch I	- October 1-October 31.)	r31	
number of a	e applying water to land cres where water will be should be consistent with you	applied or used:		. 6	acres	
		5. WATER MANAG	EMENT	demand		
A. Diversion What equips	nent will you use to pun	np water from your well	(s)?			
☑ Pu	mp (give horsepower and	d pump type): 5 H	P = Su	bmersi	ole (Vari	able speak
	ner means (describe):					
<b>B. Transpo</b> How will yo	rt ou transport water to you	r place of use?				
🔲 Dit	ch or canal (give averag	e width and depth):				
W	idth	Depth				
ls	the ditch or canal to be	lined?	□No			
	e (give diameter and tot iameter <u>4" (60</u> F	- · · · · · · · · · · · · · · · · · · ·	Jov et.	and the second s		
□ Otl	her (describe)		***************************************			

Ground Water/4

RECEIVED

NOV 2.8 2006 WATER RESOURCES DEPT SALEM, OREGON

What equipment will you use to	apply water to your place of use?	
rrigation or land application me	thod (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 pip	e with furrows	
Other, describe	- All Marketine and All Market	
Distribution method		
☐ Direct pipe from source	☐ In-line storage (tank or pond)	☐ Open canal
	6. PROJECT SCHEDULE	resprinklys is the
ndicate the anticipated dates that the fo completed, please indicate that date.	ollowing construction tasks should begin. If c	onstruction has already begun, or is
Proposed date construction will be	pegin:	
Proposed date construction will be	pe completed:	
Proposed date beneficial water us	se will begin: Mwch	2007
	7. REMARKS	
f you would like to clarify any informat application question you are addressin	tion you have provided in the application, ple g	ase do so here and reference the specific
		ter en statue de la companya de la c
		A STATE OF THE STA

RECEIVED

Ground Water/5

NOV 2 8 **2006** WATER RESOURCES DEPT SALEM, OREGON

## 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.



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:

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

11/13/06

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.

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

Ground Water/6

**RECEIVED**