

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.

		PLICANT INFORMATION	
A. Individual	ls		
Applicant:	Forest	Peter	rs [Contract Purchaser]
лрричин	Fiss	Lext	• •
Mailing address	ss: 69420 North Sawtootl	h Road	
	Wasco	OR	97065
	City	Spain	Zp
Phone:	541-442-5245 Home	541-298-6646	
		Wank *E-Mail address:	Other
B. Organizat	tions		
(Corporations, as	ssociations, firms, partnerships, j	joint stock companies, cooperatives, publi	ic and municipal corporations)
,			
Name of organ	nization: Orchard View Fa	arms, Inc. Agent for Forest Peters	
Ü	nization: Orchard View Factor of person applying: Co	-	
Name and title		ontact: Bridget Bailey	
Name and title	e of person applying: Coss of organization: P. O	ontact: Bridget Bailey D. Box 1398 OR	97058
Name and title	e of person applying: Co	ontact: Bridget Bailey D. Box 1398 OR Sac	Zip
Name and title Mailing addres Phone:	e of person applying: Coss of organization: P. O The Dalles Cay	OR Sac 1-298-148 Evening *F-Mail address:	Zp
Name and title Mailing addres Phone:	e of person applying: Coss of organization: P. O The Dalles Cay	OR Sac 1-298-148 Evening	Zp

Last updated: 6/7/2005

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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).
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.
Contract seller is Jean McIntyre Joyce, Janice McIntyre Lishan, Donald McIntyre, Patrick Brown,
Jeanine Brown, Erin M. Provost, Amy K. Fischer, Lisa N. Brown DBA McIntyre Farm Partnership.
Partnership address is 1047 Lucky Lane, Ontario, OR. 97914
A. Well Information Number of well(s):1 Name of nearest surface water body:
If distance from surface water is less than one mile, indicate elevation difference between nearest surface water and well head. 1) 160 feet
2) 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: Austin Well Drilling Address:3393 Sandlin Road, The Dalles, OR 97058
Completion date: Unknown at this time. Ground Water/2 Ground Water/2 Ground Water/2

2. PROPERTY OWNERSHIP

DEC 0 7 2006 WATER RESOURCES DEPT SALEM, OREGON 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
3	'	10" or 12"	70' to 80'	none	70' to 80'				150' to 200'
		*NOTE: See	Remarks	under C.	Artesian	Flow			

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:				
NOTE: For Description of Well Development. Well driller believes this well will be similar in depth and yield to				
the L.P. Haven well (SHER 272). If yield not satisfactory will drill deeper and seal off this formation.				
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				

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· 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)
3		Irrigation	471	82,016,445	900
3		Supplemental Irrigation	710	36,495,200	900

What is th	num Rate of Use Requeste e maximum, instantaneous your application will be based	rate of water that v	vill be	used?	2 cfs	
(The jees jor	your application will be based	on was amound)				
D. Period						
Indicate th	e time of year you propose	to use the water: _		Marc	ch 1 to October 31	
(For season	al uses like irrigation give dates	when water use would	begin a	in d end, e.g. Mi	arch 1-October 31.)	
number of	te be applying water to land acres where water will be ar should be consistent with your	applied or used: _8	al 3.9 ac	. prim. irrigatio	on and 126.5 ac. su	pp'l. irrigation
		5. WATER MAN	<u>AGE</u>	MENT	_	
A. Diversi What equi	ion pment will you use to pur	p water from your	well(s)?		
	rump (give horsepower and	d pump type): _20 to	30 hp	centrifugal p	ump if water close	to land surface
	Other means (describe):r	night need a submersi	ble if	pumping level	not close enough t	o land surface
B. Transp How will	ort you transport water to you	r place of use?				
	Ditch or canal (give averag	e width and depth):				
	Width	Depth _				
	Is the ditch or canal to be	ined? Yes	1	No		
2 F	Pipe (give diameter and tot	al length):				
	Diameter 6"	Length _	5280	feet		
	Other (describe)					

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C. Application/Distribution Me What equipment will you use to	ethod apply water to your place of use? <u>Sol</u>	id set black poly pipe with
microsprinklers. A line of poly pipe		
Irrigation or land application me	thod (check all that apply):	
Flood	☑ Low pressure sprinkler	
Drip	Water cannons	Center pivot system
Hand lines	Wheel lines	
Siphon tubes or gated pip	e with furrows	
Other, describe micro spri	inklers	<u></u>
Distribution method		
☑ Direct pipe from source	In-line storage (tank or pond)	Open canal
	onserve water? Why did you choose to using sprinkler irrigation rather than eparate sheet.	
Soil moisture testing, micro or othe	r low pressure/low volume sprinklers	
Indicate the anticipated dates that the fit completed, please indicate that date.	6. PROJECT SCHEDULE following construction tasks should begin. If a	onstruction has already begun, or is
Proposed date construction will be	begin:January 1, 2007	
Proposed date construction will	be completed: October 1, 2009	
Proposed date beneficial water u	se will begin: October 1, 2009	
	7. REMARKS	
If you would like to clarify any informa application question you are addressin	tion you have provided in the application, ple g.	ease do so here and reference the specific

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:

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

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

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