

Application for a Permit to Use Ground Water

RECEIVED BY OWRD

JUL 02 2013

SALEM, OR



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 <u>MK Campbell/Veronica Campbell</u>		PHONE (HM) <u>541-567-8536</u>
PHONE (WK)	CELL	FAX <u>541-567-8536</u>
ADDRESS <u>78676 Echols Road</u>		
CITY <u>Hermiston</u>	STATE <u>OR</u>	ZIP <u>97838</u> E-MAIL* <u>vcam1@hotmail.com</u>

Organization Information

NAME		PHONE	FAX
ADDRESS		CELL	
CITY	STATE	ZIP	E-MAIL*

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT / BUSINESS NAME		PHONE	FAX
ADDRESS		CELL	
CITY	STATE	ZIP	E-MAIL*

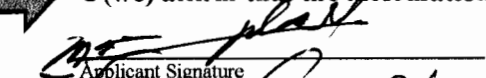
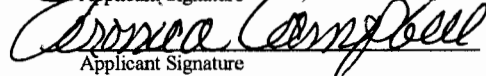
Note: Attach multiple copies as needed

* By providing an e-mail address, consent is given to receive all correspondence from the department electronically. (paper copies of the final order documents will also be mailed.)

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.
- I cannot use water legally until the Water Resources Department issues a permit.
- Oregon law requires that a permit be issued before beginning construction of any proposed well, unless the use is exempt. Acceptance of this application does not guarantee a permit will be issued.
- 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 cancelled.
- The water use must be compatible with local comprehensive land-use plans.
- Even if the Department issues a permit, I may have to stop using water to allow senior water-right holders to get water to which they are entitled.

I (we) affirm that the information contained in this application is true and accurate.


Applicant Signature

Applicant Signature

M.K. Campbell
Print Name and title if applicable
Veronica Campbell
Print Name and title if applicable

06-28-2013
Date
06-28-2013
Date

For Department Use		
App. No. <u>G-17695</u>	Permit No. _____	Date _____
Revised 3/4/2010 Ground Water/3 WR		

JUL 02 2013

SECTION 2: PROPERTY OWNERSHIP

Please indicate if you own all the lands associated with the project, ~~SALEM, OR~~ the water is to be diverted, conveyed, and used.

☒ Yes☐ There are no encumbrances.☒ This land is encumbered by easements, rights of way, roads or other encumbrances.☐ No☐ 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 irrigation and/or domestic use only (ORS 274.040).☐ Water is to be diverted, conveyed, and/or used only on federal lands.

List the names and mailing addresses of all affected landowners (*attach additional sheets if necessary*).

*Columbia Basin Electric Cooperative
171 W. Linden Way, Heppner, OR 97836*

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.

SECTION 3: WELL DEVELOPMENT

WELL NO.	NAME OF NEAREST SURFACE WATER	IF LESS THAN 1 MILE:	
		DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
L-1008493	Six mile Canyon	1/2 mile	500 ft.

Please provide any information for your existing or proposed well(s) that you believe may be helpful in evaluating your application. For existing wells, describe any previous alteration(s) or repair(s) not documented in the attached well log or other materials (*attach additional sheets if necessary*).

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: _____

Total maximum rate requested: 15 GPM (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual 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.

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)	PROPOSED USE			
										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL- SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
	☐	☒	L-1008493	☐	12	0-39	Ø		580		726'	15	0.032 CBS
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									

* 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: Tertiary Formation, gravel and sand, alluvium, basalt, bedrock, etc.

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Revised 3/4/2010

Ground Water/5

WR

SALEM, OR

58971-19

SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Agriculture	year round	0.032 CBS

Exempt Uses: Please note that 15,000 gallons per day for single or group **domestic** purposes and 5,000 gallons per day for a single **industrial or commercial** purpose are exempt from permitting requirements.

For irrigation use only:

Please indicate the number of primary and supplemental acres to be irrigated (*must match map*).

Primary: _____ Acres Supplemental: _____ Acres

List the Permit or Certificate number of the underlying primary water right(s): _____

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

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- If the use is **municipal or quasi-municipal**, attach **Form M**
- If the use is **domestic**, indicate the number of households: _____
- If the use is **mining**, describe what is being mined and the method(s) of extraction: _____

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SECTION 5: WATER MANAGEMENT**A. Diversion and Conveyance**

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

☒ Pump (give horsepower and type): 5 HP, 230 V

☒ Other means (describe): 6,000 gallon storage tank

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. Pipe from well to above ground 6,000 gallon storage tank.

B. Application Method

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler)

C. Conservation

Please describe why the amount of water requested is needed and measures you propose to: prevent waste; measure the amount of water diverted; prevent damage to aquatic life and riparian habitat; prevent the discharge of contaminated water to a surface stream; prevent adverse impact to public uses of affected surface waters.

SECTION 6: STORAGE OF GROUND WATER IN A RESERVOIR

If you would like to store ground water in a reservoir, complete this section (*if more than one reservoir, reproduce this section for each reservoir*).

Reservoir name: _____ Acreage inundated by reservoir: _____

Use(s): _____

Volume of Reservoir (acre-feet): _____ Dam height (feet, if excavated, write "zero"): _____

Note: If the dam height is greater than or equal to 10.0' above land surface AND the reservoir will be used for _____, engineered plans and specifications must be approved prior to storage of water.

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SECTION 7: USE OF STORED GROUND WATER FROM THE RESERVOIR

SALEM, OR

If you would like to use stored ground water from the reservoir, complete this section (*if more than one reservoir, reproduce this section for each reservoir*).

Annual volume (acre-feet): _____

USE OF STORED GROUND WATER	PERIOD OF USE

SECTION 8: PROJECT SCHEDULE

Date construction will begin: When permit is granted.

Date construction will be completed: Within 60 days of permit being granted.

Date beneficial water use will begin: When installation is completed.

SECTION 9: WITHIN A DISTRICT

☐ Check here if the point of diversion or place of use are located within or served by an irrigation or other water district.

Irrigation District Name	Address	
City	State	Zip

SECTION 10: REMARKS

Use this space to clarify any information you have provided in the application (*attach additional sheets if necessary*).

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SALEM, OR

Land Use

Information Form



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

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NOTE TO APPLICANTS

SALEM, OR

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

This form is NOT required if:

- 1) Water is to be diverted, conveyed, and/or used only on federal lands; **OR**
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and **all** of the following apply:
 - a) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
 - b) The application involves a change in place of use only;
 - c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; and
 - d) The application involves irrigation water uses only.

NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

Land Use Information Form



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1866
(503) 986-0900
www.wrd.state.or.us

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JUL 01 2013

Applicant: M. K.

First

Campbell
Last

WATER RESOURCES DEPT
SALEM, OREGON

Mailing Address: 78676 Echols Rd.

Hermiston
City

State

OR

Zip

97838 Daytime Phone: (541) 567-8536

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	1/4 1/4	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
2S	20E	5		400	EFU	☐ Diverted	☐ Conveyed	☒ Used	
						☐ Diverted	☐ Conveyed	☐ Used	
						☐ Diverted	☐ Conveyed	☐ Used	
						☐ Diverted	☐ Conveyed	☐ Used	

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Gilliam Co.

B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

- ☒ Permit to Use or Store Water ☐ Water Right Transfer ☐ Permit Amendment or Ground Water Registration Modification
☐ Limited Water Use License ☐ Allocation of Conserved Water ☐ Exchange of Water

Source of water: ☐ Reservoir/Pond ☒ Ground Water ☐ Surface Water (name) _____

Estimated quantity of water needed: 14 ☐ cubic feet per second ☒ gallons per minute ☐ acre-feet

Intended use of water: ☐ Irrigation ☐ Commercial ☐ Industrial ☐ Domestic for _____ household(s)
☐ Municipal ☐ Quasi-Municipal ☐ Instream ☒ Other Agriculture

Briefly describe:

Agricultural Use

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

Land Use

Information Form

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JUL 02 2013

SALEM, OR



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

Applicant: _____
First Last

Mailing Address: _____

City State Zip Daytime Phone: _____

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
						☐ Diverted	☐ Conveyed	☐ Used	
						☐ Diverted	☐ Conveyed	☐ Used	
						☐ Diverted	☐ Conveyed	☐ Used	
						☐ Diverted	☐ Conveyed	☐ Used	

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

- ☐ Permit to Use or Store Water ☐ Water Right Transfer ☐ Permit Amendment or Ground Water Registration Modification
☐ Limited Water Use License ☐ Allocation of Conserved Water ☐ Exchange of Water

Source of water: ☐ Reservoir/Pond ☐ Ground Water ☐ Surface Water (name) _____

Estimated quantity of water needed: _____ ☐ cubic feet per second ☐ gallons per minute ☐ acre-feet

Intended use of water: ☐ Irrigation ☐ Commercial ☐ Industrial ☐ Domestic for _____ household(s)
☐ Municipal ☐ Quasi-Municipal ☐ Instream ☐ Other _____

Briefly describe:

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

See bottom of Page 3. →

For Local Government Use Only

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The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

SALEM, OR

Please check the appropriate box below and provide the requested information

- ☐ Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): _____
- ☐ Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued
		☐ Obtained ☐ Denied	☐ Being Pursued ☐ Not Being Pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

Name: _____ Title: _____

Signature: _____ Phone: _____ Date: _____

Government Entity: _____

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

Receipt for Request for Land Use Information

Applicant name: _____

City or County: _____ Staff contact: _____

Signature: _____ Phone: _____ Date: _____

(1) LAND OWNER

Owner Well I.D. _____

First Name M KLast Name CAMPBELL**RECEIVED BY OWRD**Address 78676 ECHLOS RD.City HERMISTONState ORZip 97838**(2) TYPE OF WORK**☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (repair/recondition) ☐ Abandonment**(3) DRILL METHOD**☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud☐ Reverse Rotary ☐ Other _____**(4) PROPOSED USE**☐ Domestic ☐ Irrigation ☐ Community☐ Industrial/ Commercial ☒ Livestock ☐ Dewatering☐ Thermal ☐ Injection ☐ Other _____**(5) BORE HOLE CONSTRUCTION**Special Standard ☐ Attach copy ☐Depth of Completed Well 726.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	39	Bentonite	0	18	12	S
8	39	726	Cement	30	39	4	S

How was seal placed:

Method ☐ A ☒ B ☐ C ☐ D ☐ E☒ Other bentonite poured

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☒	8	☒	1	39	.250	☒	☒	☒	☒

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type _____ Material _____

Perf/S	Casing/Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
green	liner				width	length	slots	pipe size

(8) WELL TESTS: Minimum testing time is 1 hour☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

20		726	1
----	--	-----	---

Temperature 56 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County Gilliam Twp 2.00 S N/S Range 20.00 E E/W WMSec 5 NW 1/4 of the SW 1/4 Tax Lot 400

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest addressMIKKALO RD. 5 MILES NORTH OF HWY. 207 CONDON OR.**(10) STATIC WATER LEVEL**

Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	10-16-2009		580

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10-16-2009	636	650	5		580
10-16-2009	692	726	15		580

(11) WELL LOG

Ground Elevation _____

Material	From	To
silt	0	2
silt & broken basalt	2	12
grey clay	12	18
tan clay	18	31
broken brown basalt	31	35
black basalt	35	127
soft black and brown basalt	127	450
hard black basalt	450	510
fractured black & Brown basalt	510	628
visicular basalt	628	632
black basalt	632	636
fractured basalt	636	650
black basalt	650	692
visicular basalt	692	726

Date Started 10-08-2009Completed 10-16-2009**(unbonded) Water Well Constructor Certification**

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____

Electronically Filed

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1766 Date 10-20-2009

Electronically Filed

Signed BRANDON C BROWN (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0 95

G-17695



STATE OF OREGON
WATER RESOURCES DEPARTMENT
North Mall Office Building
725 Summer Street NE, Suite A
Salem, OR 97301-1266

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JUL 02 2013 Contact: Exempt Use Well Program Coordinator
at (503)986-0861 (503)986-0902(fax)

Invoice #: 1964 SALEM, OR

Date: 10/21/2009

M.K CAMPBELL

78676 ECHLOS RD.

HERMISTON, OR 97838

Well Information

Well Tag: L- 1008493

Well Log #: GILL 50331

Startcard #: 1008493

Completed: 10/16/2009

Completed depth: 726

TRSQQ: 2 S 20 E 5 NWSW

Street of Well: MIKKALO RD. 5 MILES NORTH OF HWY. 207 CON

Date Landowner Map Received:

Exempt Use Recording Fee

Total Due: \$300.00

OR

Provide a Water Right Permit or Certificate number and Legal description of the well listed on the Permit or Certificate.

Permit /Certificate Number: _____

Legal Description: _____

(ie. 530 feet North and 1370 feet East, both from the SW Corner of Section 18, Township 6 South, Range 1 East, W.M.)

Terms: Due in 30 days

Internal Office Use Only

WATER RESOURCES

DECEMBER 12 2009

FROM WRM/WRD

6-17-09



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WATER RESOURCES DEPT
SALEM, OREGON

Legal Description For Property Tax Purposes Only

2 S 20 E 400
TOWNSHIP 2 SOUTH RANGE 20 EAST
SEC 5: EAST 1/2 OF THE SOUTHWEST 1/4;
SOUTHWEST 1/4 OF THE SOUTHWEST 1/4;
THAT PART OF E 1/2 OF THE NORTHWEST 1/4,
SOUTHWEST 1/4 OF THE NORTHWEST 1/4 &
NORTHWEST 1/4 OF THE SOUTHWEST 1/4 LYING
SOUTH AND EAST OF COUNTY ROAD. 220.00
8: NORTH 1/2;
NORTH 1/2 OF THE SOUTHWEST 1/4;
NORTHWEST 1/4 OF THE SOUTHWEST 1/4 440.00
7: EAST 1/2;
LOTS 1 THRU 9; & LOTS 11 & 12 793.21
9: SOUTHWEST 1/4 OF THE NORTHWEST;
NORTHWEST 1/4 OF THE SOUTHWEST 80.00
18: NORTHWEST OF THE NORTHEAST;
LOT 1; 80.00
34 225 1613.21
34 226
EXCEPT COUNTY RD -14.04 ACRES 1599.17
EXCEPT T.L. 401 -356 ACRES-EX DEED 9/18/69 49 387 1243.17
EXCEPT T.L. 402 -605.41 ACRES-EX DEED 9/18/69 49 393 637.76
51 60
51 64
1/20/75 55 267
GAS & OIL LEASE 7/07/81 M61 425
GAS & OIL LEASE 7/06/82 M63 249
M59 112/117
JUDGE & DECREE FORECLOSURE 12/11/87 G 93
B & S OF REDEMPTION RTS 9/09/88 M66 260
QUITCLAIM & WAIVER OF RTS 8/25/88 M66 261
CERTIFICATE OF REDEMPTION 9/19/88 M66 266
BARGAIN & SALE *RESERVATION 9/19/88 M66 267
TO GRANTOR TO PURCHASE 5 YEARS
MORTGAGE 9/19/88 M19 404

G-17695

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WATER RESOURCES DEPT
SALEM, OREGON

SHERIFF DEED 6/01/89 M66 472
SATISFACTION OF MORTGAGE
(M18-363 & M17-82) 12/27/89 M20 72
MODIFICATION OF MORTGAGE 1/05/90 M20 78
A-LIENS 12/14/92 A-L 124
RELEASE OF TAX LIEN 06/16/93 A-LIENS-127
EXTENSION OF OPTION TO REPURCHASE 09/24/93 M68 437
EXTENSION OF OPTION TO REPURCHASE 10/15/96 M70 419
WARRANTY DEED 11/13/01 M72 400
MEMORANDUM OF WIND ENERGY LEASE AGRMT 12/12/11 2011-531

G-17695

Application for a Permit to Use Ground Water



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1166
(503) 986-0900
www.wrd.state.or.us

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JUL 01 2013

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME <i>MK Campbell/Veronica Campbell</i>		PHONE (HM) <i>541-567-8536</i>
PHONE (WK)	CELL	FAX <i>541-567-8536</i>
ADDRESS <i>78676 Echols Road</i>		
CITY <i>Hermiston</i>	STATE <i>OR</i> ZIP <i>97838</i>	E-MAIL* <i>vcam1@hotmail.com</i>

Organization Information

NAME		PHONE	FAX
ADDRESS		CELL	
CITY	STATE	ZIP	E-MAIL*

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT / BUSINESS NAME		PHONE	FAX
ADDRESS		CELL	
CITY	STATE	ZIP	E-MAIL*

Note: Attach multiple copies as needed

* By providing an e-mail address, consent is given to receive all correspondence from the department electronically. (paper copies of the final order documents will also be mailed.)

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.
- I cannot use water legally until the Water Resources Department issues a permit.
- Oregon law requires that a permit be issued before beginning construction of any proposed well, unless the use is exempt. Acceptance of this application does not guarantee a permit will be issued.
- 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 cancelled.
- The water use must be compatible with local comprehensive land-use plans.
- Even if the Department issues a permit, I may have to stop using water to allow senior water-right holders to get water to which they are entitled.

I (we) affirm that the information contained in this application is true and accurate.

[Signature]
Applicant Signature
[Signature]
Applicant Signature

M.K. Campbell
Print Name and title if applicable
Veronica Campbell
Print Name and title if applicable

06-28-2013
Date
06-28-2013
Date

For Department Use		
App. No. _____	Permit No. _____	Date _____

Revised 3/4/2010

Ground Water

WR

G-17695

SECTION 2: PROPERTY OWNERSHIP

Please indicate if you own all the lands associated with the project from which the water is to be diverted, conveyed, and used.

☒ Yes

☐ There are no encumbrances.

☒ This land is encumbered by easements, rights of way, roads or other encumbrances.

☐ No

☐ 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 irrigation and/or domestic use only (ORS 274.040).

☐ Water is to be diverted, conveyed, and/or used only on federal lands.

List the names and mailing addresses of all affected landowners (*attach additional sheets if necessary*).

*Columbia Basin Electric Cooperative
171 W. Linden Way, Heppner, OR 97836*

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.

SECTION 3: WELL DEVELOPMENT

WELL NO.	NAME OF NEAREST SURFACE WATER	IF LESS THAN 1 MILE:	
		DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
L-1008493	Six mile Canyon	1/2 mile	500 ft.

Please provide any information for your existing or proposed well(s) that you believe may be helpful in evaluating your application. For existing wells, describe any previous alteration(s) or repair(s) not documented in the attached well log or other materials (*attach additional sheets if necessary*).

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known:

15 GPM

Total maximum rate requested: (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual 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.

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)	PROPOSED USE			
										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)	ANNUAL VOLUME (ACRE-FEET)
	☒	☒	L-1068493	☐	12	0-39	Ø		580		726 FT	15	0.032 CBS
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									

* 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.

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Ground Water/5

WR

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WATER RESOURCES DEPT
SALEM, OREGON

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SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Agriculture	Year Round	1 Ac.Ft

Exempt Uses: Please note that 15,000 gallons per day for single or group **domestic** purposes and 5,000 gallons per day for a single **industrial or commercial** purpose are exempt from permitting requirements.

For irrigation use only:

Please indicate the number of primary and supplemental acres to be irrigated (*must match map*).

Primary: _____ Acres Supplemental: _____ Acres

List the Permit or Certificate number of the underlying primary water right(s): _____

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

- If the use is **municipal or quasi-municipal**, attach **Form M**
- If the use is **domestic**, indicate the number of households: _____
If the use is **mining**, describe what is being mined and the method(s) of extraction: _____

SECTION 5: WATER MANAGEMENT

A. Diversion and Conveyance

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

☒ Pump (give horsepower and type): 5 HP, Submersible, 230V

☐ Other means (describe): _____

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. _____

B. Application Method

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler)

C. Conservation

Please describe why the amount of water requested is needed and measures you propose to: prevent waste; measure the amount of water diverted; prevent damage to aquatic life and riparian habitat; prevent the discharge of contaminated water to a surface stream; prevent adverse impact to public uses of affected surface waters.

SECTION 6: STORAGE OF GROUND WATER IN A RESERVOIR

If you would like to store ground water in a reservoir, complete this section (*if more than one reservoir, reproduce this section for each reservoir*).

Reservoir name: _____ Acreage inundated by reservoir: _____

(1) LAND OWNER Owner Well I.D. _____
First Name M.K. Last Name CAMPBELL
Company _____
Address 78676 ECHLOS RD.
City HERMISTON State OR Zip 97838

(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

(4) PROPOSED USE ☐ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commercial ☒ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION Special Standard ☐ Attach copy
Depth of Completed Well 726.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	39	Bentonite	0	18	12	S
8	39	726	Cement	30	39	4	S

How was seal placed: Method ☐ A ☒ B ☐ C ☐ D ☐ E

☒ Other bentonite poured

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Pstc	Wld	Thrd
☒	☒	8	☒	1	39	.250	☒	☒	☒	☒
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/S	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
green	Liner					width	length	slots	pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20		726	1

Temperature 56 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Gilliam Twp 2.00 S N/S Range 20.00 E E/W WM
Sec 5 NW 1/4 of the SW 1/4 Tax Lot 400
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
(☒ Street address of well ☐ Nearest address

MIKKALO RD. 5 MILES NORTH OF HWY. 207 CONDON OR.

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Predeepening				
Completed Well	10-16-2009			580
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10-16-2009	636	650	5			580
10-16-2009	692	726	15			580

(11) WELL LOG

Ground Elevation _____

Material	From	To
silt	0	2
silt & broken basalt	2	12
grey clay	12	18
tan clay	18	31
broken brown basalt	31	35
black basalt	35	127
soft black and brown basalt	127	450
hard black basalt	450	510
fractured black & Brown basalt	510	628
visicular basalt	628	632
black basalt	632	636
fractured basalt	636	650
black basalt	650	692
visicular basalt	692	726

Date Started 10-08-2009

Completed 10-16-2009

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____

Electronically Filed

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1766 Date 10-20-2009

Electronically Filed

Signed BRANDON C. BROWN (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK.

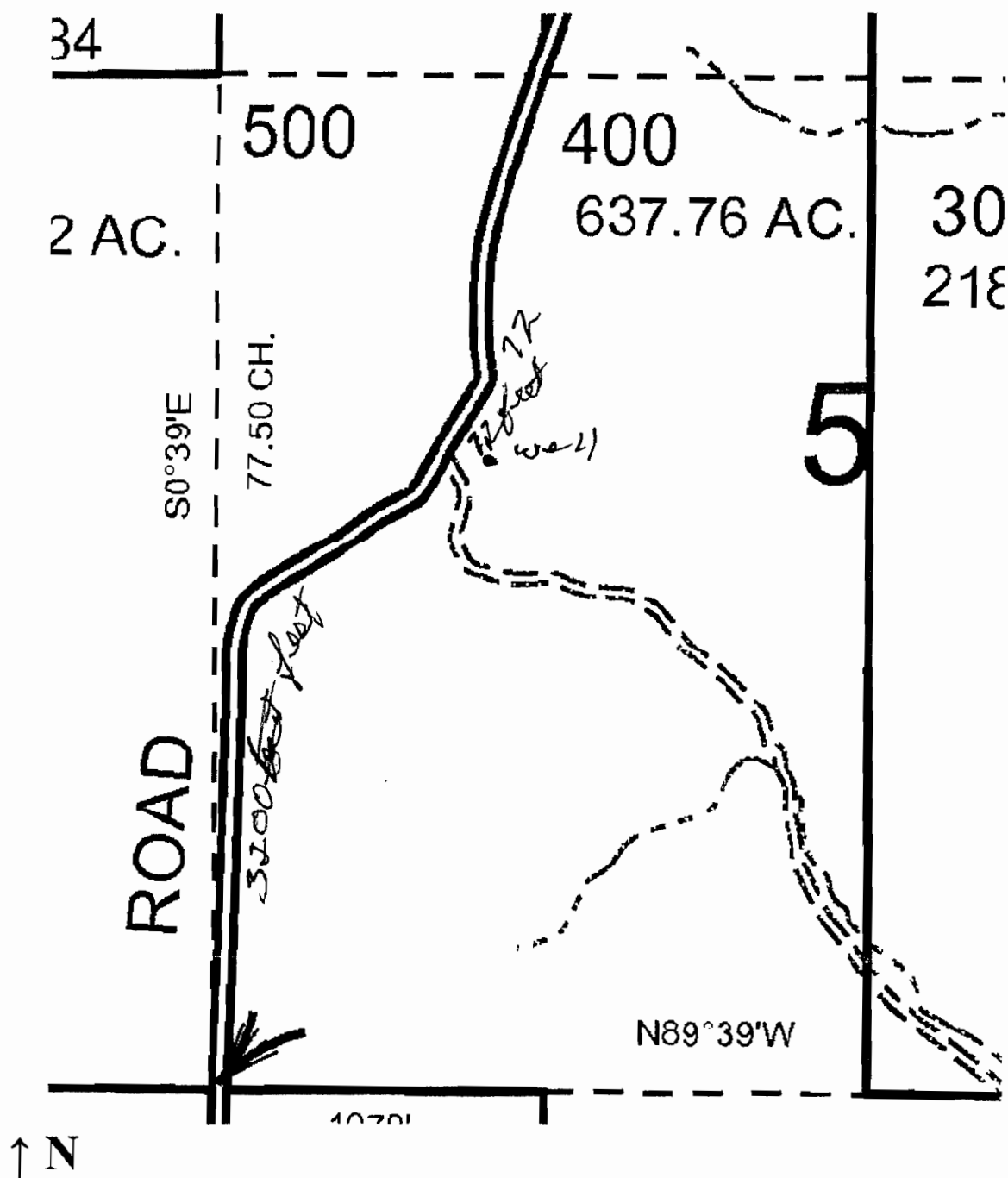
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WATER RESOURCES DEPT
SALEM, OREGON

G-17695

EXEMPT USE WELL LOCATION MAP



Gilliam County

Assessor Map Reference Number: 2S 20E 5 NWSW; Tax Lot 400

Street Address of Well, if Available: Mikkalo Road 5 Miles North of Hwy 207,

Condon, OR, Well Label (ID) # L 1008493 (Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.) MAP NOT TO SCALE