

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

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SECTION 1: APPLICANT INFORMATION AND SIGNATURE

FEB 16 2016

Applicant Information

NAME KATHARINE STANFIELD (COLLINS)		PHONE (WK) 541 897 2301	
PHONE (WK) 541 897 2301		FAX 541 897 2301	
ADDRESS 3300 ANDERSON CR. RD.			
CITY TALENT	STATE OR	ZIP 97540	E-MAIL*

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 RICK STANFIELD		PHONE 541 210 2031	FAX
ADDRESS 3300 ANDERSON CR. RD.		CELL 541 210 2031	
CITY TALENT	STATE OR	ZIP 97540	E-MAIL* RogueRix@gmail.com

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

KATHARINE STANFIELD 2/8/16
Print Name and title if applicable Date

RICK STANFIELD 2/8/16
Print Name and title if applicable Date

For Department Use

App. No. G-18268

Permit No. _____

Date _____

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*).

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
1	N. FORK ANDERSON CR.	≈ 1510'	≈ 247'

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*).

G-18268

SECTION 3: WELL DEVELOPMENT, CONTINUED

Total maximum rate requested: 12 GPM (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual volumes in the table below).

The table below must be completed for each source to be evaluated or the application will be returned. If this is an existing well, the 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 to obtain the necessary information.

										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 92534	☐	☒	92534	☐	6"	+1-40'	175'-200' 280'-300'			SEE	300	12	19.32
1 92534 DEEPEMED	☐	☒	92534	☐	6"	+1-40'	200-320 500-520 540-560 580-600		224.5 11/14/14	WELL LOG	625		
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									
	☐	☐		☐									

* 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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SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
AG. WATERING	MARCH - NOVEMBER	
NURSERY	YEAR ROUND	19.32

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: NA Acres Supplemental: NA 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): 1.8 HP (max) GRUNDFOS ~~SUB~~ SUBM. HELICAL ROTOR

☐ Other means (describe): _____

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. PUMP TO STORAGE TANK(S), GRAVITY FEED TO PIPED, VALVED, DRIP & SPRAY IRRIGATION

B. Application Method

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

DRIP, PRESSURIZED 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.

TIMED, AUTOMATIC IRRIGATION SYSTEM

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: NA Acreage inundated by reservoir: NA

Use(s): FE

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

Note: If the dam height is greater than or equal to 10.0' above land surface AND the reservoir will store 9.2 acre feet or more, engineered plans and specifications must be approved prior to storage of water.

SECTION 7: USE OF STORED GROUND WATER FROM THE RESERVOIR

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): NA

USE OF STORED GROUND WATER	PERIOD OF USE

SECTION 8: PROJECT SCHEDULE

Date construction will begin: ASAP

Date construction will be completed: ASAP

Date beneficial water use will begin: ASAP

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

G-18268

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

NOTE TO APPLICANTS

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.

BARGAIN AND SALE DEED

KATHARINE D. COLLINS, Grantor, grants, bargains and sells, and conveys to KATHARINE D. COLLINS, as trustee for the KATHARINE D. COLLINS TRUST under a trust agreement dated September 2, 2003, Grantee, the following described real estate, herein called the trust estate, in the County of Jackson, State of Oregon:

The real property located at 3300 Anderson Creek Road, Talent, Jackson County, Oregon, more fully described as:

The South Half of the Northwest Quarter of the Southwest Quarter of Section 32 in Township 38 South, Range 1 West, of the Willamette Meridian in Jackson County, Oregon.

ALSO, the Southwest Quarter of the Southwest Quarter of Section 32 in Township 38 South, Range 1 West of the Willamette Meridian in Jackson County, Oregon.

(Account #1-004353-2, Map #381W32 01200)

Tax Account No. 1-004353-2 This property is free of encumbrances, EXCEPT: SEE EXHIBIT "A" WITH EXCEPTIONS

THERE IS NO MONETARY CONSIDERATION FOR THIS DEED.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

In witness whereof, I, KATHARINE D. COLLINS, have set my signature on the date first above written.

Katharine D. Collins
KATHARINE D. COLLINS

STATE OF OREGON)
) ss.

County of Jackson)

BEFORE ME PERSONALLY appeared the above named KATHARINE D. COLLINS and acknowledged the foregoing instrument to be her voluntary act and deed on the Fourth day of February, 2014.

Until a change is requested,
All tax statement shall be sent,
And this document should
Returned, to the persons at
The following address:

Mary Elizabeth Leiter
Notary Public for Oregon My commission expires: September 19, 2014

OFFICIAL SEAL
MARY ELIZABETH LEITER
NOTARY PUBLIC-OREGON
COMMISSION NO. 452407
MY COMMISSION EXPIRES SEPTEMBER 19, 2014

KATHARINE D. COLLINS, Trustee 3300 Anderson Creek Road, Talent, OR 97540

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Exhibit "A" with Exceptions

Subject to:

1. The premises herein described are within and subject to the statutory powers, including the power of assessment, of Rogue Valley Sewer Services.
2. The rights of the public in and to that portion of the herein described property lying within the limits of roads and highways.
3. Terms and provisions of Agreement for Road Easement and Maintenance
Recorded : July 23, 1999
As : 99 38968

NOTE: Said instrument contains a covenant to bear a share of the costs of construction, maintenance, and/or repair of said easement.

4. Conditions, restrictions and/or easements contained in and imposed by Jackson County Land Development Ordinance, a certified copy of which was
Recorded : November 15, 1999
As : 99 57101

THERE IS NO MONETARY CONSIDERATION FOR THIS DEED.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

In witness whereof, I, KATHARINE D. COLLINS, have set my signature on the date first above written.

KATHARINE D. COLLINS

STATE OF OREGON

ss.

County of Jackson

BEFORE ME PERSONALLY appeared the above named KATHARINE D. COLLINS and acknowledged the foregoing instrument to be her voluntary act and deed on the fourth day of February 2014.

Mary Elizabeth Leister
Notary Public for Oregon, my commission expires: September 17, 2014



Until a change is requested, All tax returns shall be sent, And this document should be returned, to the persons at the following address:

KATHARINE D. COLLINS, Trustee 3500 Anderson Creek Road, Talent, OR 97540

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FEB 18 2014

SALEM, OR

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

JACK 58839
GRIBBLE WELL DRILLING INC.

JACK 58839
(START CARD) # 195770

(1) OWNER:

Name Katharine Collins Well Number 92534
Address 9280 Grate Lake Hwy
City Eagle Point State Or Zip 97524

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 300 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	50	Bent	0	50	450 lbs
6"	50	300				

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

☒ Other Poured Dry

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

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing	6"	+1	40	250	☒	☐	☐	☐
Liner	4"	0	240	160	☐	☒	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Saw
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
175	200	10"	90	1/8		☐	☒
240	300	10"	90	1/8		☐	☒

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
12			1 hr.

Temperature of Water 57 Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom ATC 04 2008

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☒ WATER RESOURCES DEPT.

Depth of strata: _____ SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County Jackson Latitude 42° 13.16' Longitude 122° 51.39'
Township 38S N or S. Range 1W E or W. WM.
Section 32 NW 1/4 NW 1/4

Tax Lot 1100 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 3300 Anderson
Crk Rd. Talent, Or 97540

(10) STATIC WATER LEVEL:

28 ft. below land surface. Date 7-11-08

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 175

From	To	Estimated Flow Rate	SWL
175	180	2	28
281	285	10	28

(12) WELL LOG:

Ground elevation 1072

Material	From	To	SWL
Claystone	0	34	
Claystone Blue	34	300	28
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RECEIVED			
OCT 24 2008			
WATER RESOURCES DEPT			
SALEM, OREGON			

Date started 7-10-08 Completed 7-11-08

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Brodie J. Miland WWC Number 1661
Date 8/2/08

Receipt for Request for Land Use Information

Applicant name: Rick Stanfield

City or County: Jackson

Staff contact: Frank Hernandez

Signature: Devin Tucker

Phone: 541-774-6951 Date: 2-10-16

for Frank Hernandez